

Clinical Partners Head Office

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?

Good 

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? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an unannounced comprehensive inspection at the registered location for Clinical Partners on 18th July 2023, as the service had not been previously inspected.

Clinical Partners provides independent outpatient private mental health services; psychiatry, psychology and psychotherapy for adults and children. The service also carries out assessments and diagnosis for conditions including Autism, Attention Deficit/Hyperactivity Disorder (ADHD), Bipolar, Depression and Anxiety. They operate from 21 locations nationwide. These include Lancashire and South Cumbria, Merseyside and Birmingham.

They work with both private and NHS patients. They work closely with local authorities and Commissioners to reduce the NHS waiting list of patients waiting for neurological development assessments for adults and children. These can be patients who have been on the waiting list in excess of three years.

The service moved to virtual practices in 2020 due to the Covid 19 restrictions. Since these restrictions have been fully lifted, clinicians now see patients face to face again but the majority of appointments are online.

Private outpatient consultations take place in locations across the country. These appointments are booked rooms. When using NHS premises for consultations these are undertaken in clinics and health centres, with 35% of private outpatient appointments online and 60% of their workload is for the NHS

Their clinical commissioners can be from anywhere in the country, the last ones worked they with were in Birmingham, Bradford, London, Cheshire and Wirral.

The Chief Executive 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.

We reviewed feedback that the provider had collated since opening the service in 2020.

The majority of patients were complimentary about the service.

Our key findings were:

Overall summary

- The service provided safe care and treatment. The provider ensured that patients had comprehensive assessments for both their mental and physical health prior to treatment.
- The service safely managed medicines. The consultant psychiatrist prescribed medicines and they were administered to patients in line with legal requirements and current national guidance.
- Staff supported patients to make informed decisions about treatment. The service ensured that patients were given information that included how the treatment worked and the costs involved. Patients we spoke with told us that they were given enough time to ask questions before they committed to starting treatment.
- The service had enough qualified staff to provide high quality care and treatment to patients.
- Access into the service was easy. The provider's website clearly set out how patients could contact the service. The service responded promptly to enquiries and ensured patients were seen in a timely manner.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

We saw the following outstanding practice:

- They had a long-running charitable partnership with children's hospice providing them with financial support, as well as sponsorship of their 2023 bereavement campaign.
- They worked collaboratively with clinical experts and autistic creators to produce autism unlocked. This was a dedicated digital space designed to support autistic people and their families, through proven clinical strategies and insights from real lived experience.

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

- The provider should ensure they have sight of all staff training completed.

Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC support inspector. The team had access to advice from a specialist advisor when required.

Background to Clinical Partners Head Office

The service is provided by Clinical Partners

Clinical Partners is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

Clinical Partners is an independent outpatient private mental health service. The service offers psychiatry, psychology and psychotherapy for adults and children. This includes assessments and diagnosis for conditions including Autism, Attention Deficit/Hyperactivity Disorder (ADHD), Bipolar, Depression and Anxiety. There are 21 locations nationwide.

They operate all over the country from satellite locations for private patients and consulting rooms. They work with both private and NHS patients.

The service registered with the CQC in November 2020 and had not been inspected before.

How we inspected this service

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

- spoke with three patients who had used the service
- reviewed feedback from 30 patient reviews.
- spoke with 16 staff such as the registered manager, consultant psychiatrist, psychologists, Human Resource staff and administrative staff.
- reviewed 8 treatment records
- checked how medicines were managed
- reviewed information and documents relating to the operation and management 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 service had clear systems to keep people safe and safeguarded from abuse.

The provider had appropriate safety policies which were regularly reviewed and communicated to staff.

The service had standard operating procedures to support the running of the service and treatment being delivered. Staff received safety information from the service as part of their induction.

The service had systems to safeguard adults at risk of abuse. The service had a safeguarding lead and two deputy safeguarding leads. All managers had access to level three Adult and Children safeguarding training. They had a reporting system to ensure safeguarding concerns were logged and recorded by staff members in line with the safeguarding policy. When a safeguarding referral was made they liaised with all other professionals involved in the patients care. These included the patients GP.

Safeguarding was discussed at clinical governance meetings along with complex cases

Guidance on how to raise a safeguarding alert and who to report a concern to was outlined within the provider's safeguarding adults and children policy.

The provider carried out thorough recruitment checks prior to employment and on an ongoing basis where appropriate.

All permanent staff received up-to-date mandatory training appropriate to their role. They knew how to identify and report concerns. Staff were required to complete a range of mandatory training courses including information governance, mental capacity training and basic life support.

There was an effective system to manage infection prevention and control. The provider carried out monthly infection control audits to ensure the environment adhered to infection control principles. There was an infection control policy in place.

Risks to patients

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

There were arrangements for planning and monitoring the number and mix of staff needed. The therapists booked appointments when required after discussing the referral at the multidisciplinary team meeting.

There was an effective induction system for staff tailored to their role. All members of staff had received an induction. This included how to use the electronic patient record system, mandatory training and the general running of the service. Staff members were signed off as being competent on triage after four weeks of training and their checklist of competencies was checked. Call audits were in place to ensure the quality of calls was high and they then flagged up any concerns raised with individual staff members.

Are services safe?

Patient risk was assessed at the point of referral into the service and during the assessment stage. In all eight records reviewed, patients had received appropriate physical health and mental health assessments prior to treatment commencing. The risk assessment process was a critical part of the assessment process of the 120,000 patient contacts they processed every year.

All patients were triaged (a preliminary assessment of patients in order to determine the urgency of their need for treatment and the nature of treatment required) and booked in with a clinician. In the private triage team, there was a team of 40 staff (36 in the NHS triage team). Staff members like assistant psychologists worked with the patient through a structured interview to indicate and assess risk. They used a traffic light risk system called a RAG rating. For example, a green rating following assessment indicated there were no grounds for concern about the patient and was suitable for an outpatient appointment. The amber rating indicated staff were aware of low to moderate risk relating to this patient, but the service was considered the correct service for the patient. The red rating indicated there was a moderate to high risk, but it was not sufficient to exclude the patient at point of triage. In these cases, staff requested supplementary information from other professionals such as GPs to ensure patients had a support structure in place. Red ratings always required some form of supplementary information (for example a GP letter, recent report following medical treatment, telephonic discussion with a GP) gathered before making a decision to provide a service.

The service had exclusion criteria and a policy in place. This ensured they only took patients they could manage safely. The exclusion criteria included a severe eating disorder, intoxication or under the influence of narcotics or suicidal ideation. Patients were then recommended other private providers. Staff stated they would usually signpost to the NHS, GP or A&E if they were assessed as a very high risk.

There were appropriate indemnity arrangements in place. Indemnity arrangements covered the clinical practice as well as insurance indemnity cover for the provider. The provider had an emergency contact for each patient.

Information to deliver safe care and treatment

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

Staff ensured that individual care records were written in a way that kept patients safe. Records demonstrated correspondence had been sent to individual patients, their GP or other healthcare professionals involved in their care.

In all eight records reviewed we found that the records included the introductory emails that had been sent from the service to the individual patients. We reviewed triage information for each person used to determine whether their treatment programme was appropriate for the individual. We also found the service had ensured that correspondence sent to other healthcare professionals had been saved into the individual patient records.

The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service only did this when the patient had given consent to share their information. In eight records reviewed, consent for their personal information to be shared, or not, was recorded.

Safe and appropriate use of medicines.

The service did not handle medications. Clinicians wrote prescriptions for patients. There were three nurse prescribers on for the private side of the service.

Are services safe?

The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The service regularly audited the use of controlled drugs administered to ensure adherence to legislation.

Staff prescribed and administered medicines to patients in line with legal requirements and current national guidance.

There was a system to ensure patients' medicines were accurately recorded prior to treatment. Allergy statuses of clients were routinely recorded on all records seen. Weights were recorded which is important for calculating the correct dose of medication to administer.

The provider had an effective system to check patients' identity. The service requested patients to confirm their name, date of birth and address prior to treatment and required patients to show photographic identification. In all eight records reviewed we observed the correct checks for identification.

Track record on safety and incidents

The service had a good safety record.

There had been 13 serious incidents reported at the service. The service had appropriate policies and procedures in place to manage an incident if they were to occur. There were ten patients' death by self-harm. All incidents were fully investigated, shared with partners and learning actions logged and actioned. For example, they identified a risk associated with depressant medication prescribing, an alert was then sent to all clinicians in April 2022. Following three patient death attempts, the service reviewed the triage assessment and their exclusion policies to more fully explore patient rationale. They modified the risk rating assessment in October 2022.

Staff stated that they get notified about patient deaths over phone or email and had sight of the report following each investigation.

The service monitored and reviewed their activity. The service had a clinical governance meeting every month and discussed the running of the service including any incidents that had occurred.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were 24 clinical incidents reported in the last 12 months with 9 clinical incidents reported since the 1 January 2023.

There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified and took action to improve safety in the service. Learning from a recent review of incidents included the introduction of a second triage with 16 to 19 year olds with their parents and guardians to ensure fuller information gathering.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems for knowing about notifiable safety incidents. The provider had a duty of candour policy that guided staff in how to ensure the duty of candour principles were upheld. We reviewed recent examples of where the service had applied the Duty of Candour.

Are services safe?

The service had an effective mechanism to disseminate safety alerts to all members of the team. The clinical governance and business meeting was the main forum in which safety alerts were discussed and recorded.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

Staff appropriately assessed patient need and delivered care in line with the most reliable and up to date evidence-based research available. Patients were assessed and treated in line with National Institute for Health and Care Excellence (NICE) guidance.

Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing. Experienced therapists assessed suitability for assessment and treatment, and discussed with clinicians during multidisciplinary meetings, to ensure the service had enough information about the patient before treatment was given.

We saw no evidence of discrimination when making care and treatment decisions in the eight records we reviewed.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements. After discharge patients were asked to complete feedback about their treatment. Following an analysis of feedback, they identified issues around medicines specifically around replacement prescriptions and medicine prescribing errors. This was addressed with the clinician, and they have employed two nurse prescribers to help address identified medicine issues.

The provider had a system to monitor patients' mental wellbeing and mood after treatment. Patients were required to complete a mood monitoring questionnaire. This was partly to assess whether the treatment was effective and to also engage with the patient after treatment.

The service collected outcome scales at the end of each treatment session. This allowed patients to see their progression through the course of treatment and the service to measure the effectiveness of treatment.

The service told us they made improvements through the use of completed audits. They completed call audits. There was a monthly training call where they ensured the quality of calls was high and then flagged up any concerns that needed to be escalated to senior management.

Effective staffing

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

All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. The service employed Psychiatrists registered with the General Medical Council and were up to date with revalidation.

Are services effective?

The service had sufficient staff. They employed 434 staff members with 186 non clinical staff and 248 clinical staff. Of the clinical staff, 29 were directly employed, and 219 were self-employed.

Staff turnover for the year ending December 2022 was 34% and was 10% for the period January to June 2023. The service analysed the information to establish that the non-clinical operations functions, where the work was largely phone based or administrative, attracted a more transient workforce. These staff often joined the service to gain experience to move into Assistant Psychologist roles. The service had introduced exit interviews in the last four months providing qualitative data on reasons for leaving and planned to introduce a quantitative survey alongside running an employee survey in 2024, to better understand and meet the needs, wants and expectations of staff.

The provider mostly understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were not always maintained. The service has started auditing compliance with training but did not always ensure they had sight of all clinicians previous and up to date training.

Currently 219 staff members were self-employed. A senior member staff stated that the service did not provide their training. Clinicians provided evidence of training undertaken elsewhere, often with another employer, which in the majority of cases was the NHS. Where they had no evidence of training, it did not mean that clinicians had not undertaken the training, but they have not provided this evidence to the service. An audit has recently been completed and the service was now working to evidence all staff training. A learning and development co-ordinator was starting with the service in September 2023 to coordinate this piece of work.

Since 1 July 2022, all registered health and social care providers have been required to provide training for their staff in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. The service had a new training provider to provide detailed training. Before this, a combination of autism training and safeguarding children with disabilities was provided. In the past 12 months, 86% of all employed staff had attended both the autism awareness course the safeguarding children with disabilities course.

Of the 29 employed clinical staff, 79% had completed Mental Capacity Act (MCA) training. Of the independent clinicians, 40% had either done MCA / or are holding Section 12 (Approval under Section 12 of the Mental Health Act confers the ability to deprive individuals of their liberty and curtail their human rights

The service ensured training was compliant with the NHS requirements. They had disability and autism training, specialist training in transgender issues.

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 such as GPs and other healthcare professionals when appropriate.

Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. In all eight records reviewed, we found patients' previous treatments and medical records.

Are services effective?

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. We saw evidence of correspondence sent to their registered GP in line with General Medical Council guidance.

Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

The service monitored the process for seeking consent appropriately. The provider monitored consent as part of the clinical record audit.

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. The service provided patients with information on how to integrate the treatment into their lives and suggested activities that supported this, such as yoga, reflection and healthy eating.

Risk factors were identified and highlighted to patients and where appropriate to their normal care provider. During the assessment process, any risks relating to the patients physical or mental health would be taken into account before treatment was considered. Therapists completed risks assessments before each treatment session.

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. At every assessment and prior to treatment the service required the patient to give consent. In all eight records reviewed, we found evidence that patients had consented to treatment.

Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. When a client first enquired about the service, therapists ensured that patients understood the criteria for treatment. If a client was triaged to be suitable for treatment, their treatment plan would be discussed at the morning multidisciplinary meeting.

All patients we spoke with told us that they were given enough time to ask questions and make their decision about the treatment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

The service sought feedback on the quality of treatment patients received. The service asked all patients to complete feedback following treatment. During July 2023, the service received 70 submissions from private patients, with 83% stating they would be extremely likely or likely to recommend them to friends and family.

The provider sent out 731 patient experience survey requests to NHS patients in July 2023. Response rates varied across the contracts, but 72% of South London and Maudsley patients, 75% of Bradford CAMHS (Child and Adolescent Mental Health Services) patients, 76% of Lancs and South Cumbria Patients, 86% of Mersey Care patients and 90% of Birmingham patients would be extremely likely or likely to recommend them to friends and family. All feedback was analysed for themes and trends. Issues were passed directly to teams to resolve.

Patients were positive about the way staff treated people. Patients described the service as being kind, responsive, timely, considerate and that the treatment they had received provided them had positively changed their lives.

Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Patients told us they felt comfortable knowing the decisions they made before and during treatment was their own, and staff respected their preferences and decisions.

The service gave patients timely support and information. Patients told us the service was flexible in their approach. One patient told us the consultant had arranged appointments around their school and daily schedules. All patients spoken with valued the immediacy of the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

The service provided interpreters for patients who did not have English as a first language. For example, they had organised a BSL interpreter for a patient's mother. Staff told us they ensured interpreters were able to understand and relay detailed information about the treatment offered, so the person was able to make an informed decision.

Patients stated they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Staff involved patients in the assessment and planning of care and treatment. Patients told us that clinicians were contactable for further advice and support outside of the appointment time.

Privacy and Dignity

The service respected patients' privacy and dignity.

Are services caring?

Staff recognised the importance of people's dignity and respect. Patients told us that staff were kind and made them feel at ease. Patients told us the environment was calming and staff went out of their way to ensure they were comfortable.

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.

Staff understood the needs of their patients and supported their needs. Staff were aware that some NHS patients had been waiting a long time for an assessment and could be frustrated. Patients were offered calls at times to suit their routines and obligations.

The facilities and premises were appropriate for the services delivered. Reasonable adjustments had been made for disabled people so that they could access the service on an equal basis to others. The service used clinic rooms anywhere across the country. Visits to them all took place to look at the facilities to ensure disabled access and disabled parking. If there was no access, they used an alternative site to ensure people with mobility aids were able to access the treatment rooms.

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 and treatment.

Waiting times, delays and cancellations were minimal and managed appropriately. The service did not have a formal target for scheduling initial assessments. There was not a waiting list in the private side of the service. In the private side patients were promptly assessed after they had completed the pre-consultation questionnaires and shared their medical history.

Patients waiting for assessment on the NHS side of the service were offered detailed support information. This included advice and guidance for patients with autism and their families, relatives, and carers. Topics like understanding different sensory sensitivities and divergent voices were discussed. There was a video on the autism diagnosis as a child. There were videos of patient's experiences. There was information on emotional support, home adaptations and recognising strengths. These lists were managed by the local authority. When receiving NHS referrals, the service undertook a secondary triage to assure themselves the needs were still appropriate.

The service undertook the nationally recognised gold standard three-part assessment ADOS (autism diagnostic observation schedule) in the assessment of ASD (Autism Spectrum Disorders).

The service had improved the ADHD titration (ensuring the levels of medication are correct for each patient with attention deficit/hyperactivity disorder)) pathway which will free up consultants to undertake more assessments. There were two nurse prescribers on private side.

Patients with the most urgent needs had their care and treatment prioritised. Private patients reported that accessing the service was easy. NHS patients were pleased to be off a long waiting list.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

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

Information about how to make a complaint, give compliments or raise concerns was available in a patient information booklet.

The service had complaint policy and procedures in place. The service aimed to provide an initial response to a complaint within 48 hours and a final response within 28 days. The service acted promptly on patient feedback. For example, in 2022 they received NHS patient feedback that patients would like the assessment questionnaires prior to their appointment. The service quickly reviewed their pre assessment information and as a result of improvements. They were no longer receiving negative feedback regarding assessment preparation from patients/families.

In the months March, April and May 2023, the service received 16 complaints from NHS patients. Of these 16, 8 were upheld and two partially upheld. The service received 56 complaints from private patients, 17 were upheld and eight partially upheld. Themes included report content and timeliness, diagnosis issues, medication, appointments and the booking process. Learning from this complaint resulted in changes to the booking process and appointments.

Other learning centred on communication around titration given to patients and prescriptions. Staff members said that information to patients was always being reviewed and on the NHS side they were committed to ensuring appointments were readily available for patients.

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.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The service held regular governance and business meetings which addressed matters to the running of the service.

Leaders were visible and approachable. Senior staff like the Director and the Senior Compliance Manager worked closely with all staff to ensure a good quality service.

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. The aims of the service were outlined within the clinics policies and procedures. The long-term goal was to work with health care partners such as the NHS to reduce waiting list for Autism, Attention Deficit/Hyperactivity Disorder (ADHD) and ASD (Autism Spectrum Disorders) assessments.

The service developed its vision, values and strategy jointly with staff.

Culture

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

Staff felt respected, supported and valued. They were proud to work for the service.

The service focused on the needs of patients. Staff were passionate about achieving positive outcomes for patients and spoke enthusiastically about the future of the model of treatment used.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

There were processes for providing all staff with the development they needed. This included appraisal and career development conversations, team meetings. Management supervision and external clinical supervision was available for all staff who were in contact with patients and families. All staff received annual appraisals and regular supervisions. All staff had an annual performance review and in 2023 the service introduced a new process, for which Senior Management had a target metric to ensure the target of 90-95% completion by September 2023 was met. Audits were ongoing into annual appraisal compliance. Current rates were around 90% across the service.

Are services well-led?

Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional time and for professional development and evaluation of their clinical work.

There was a strong emphasis on the safety and well-being of all staff. The provider ensured staff had received health and safety training as well as fire safety training.

The service actively promoted equality and diversity. Staff had received equality and diversity training.

There were positive relationships between staff and teams. Staff told us that the workplace felt like a family.

All patients we spoke with reported that they felt listened to and supported by staff. For example, in November 2022, patients had concerns about the prescription service so they changed the team structure in December 2022. They introduced dedicated phone staff and dedicated correspondence staff. This meant that their correspondence response times were down to same working day and calls answered improved to over 90%. The service also hired a lead prescriber to action all repeat prescription requests. These improvements resulted in a reduction in complaints linked to patients' prescriptions.

Governance arrangements

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 and understood.

The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There was a daily team huddle and governance team met quarterly to review workloads and any concerns related to this. The service has started auditing staff compliance with training, but the service did not always ensure they have sight of all clinicians previous and up to date training.

The service had expanded rapidly and many of the concerns from patients centred on the quality of pre assessment information and appointments which the service responded to rapidly.

The private side of the service and the NHS side had joint governance arrangements and there were plans to further develop to ensure a more joined up service.

All Staff spoken to in the focus group were clear on their roles and accountabilities.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service held regular governance meetings and completed a quality audit programme to ensure

Are services well-led?

emerging risks and performance data was shared. They looked at themes related to complaints to improve patient experience and inform the risk register. The last safeguarding audit dated February 2023 indicated that there had been an improvement with the safeguarding process. The service had liaised with the IT (Information Technology) transformation team and operation teams to deliver an improved system for safeguarding referral processes and documenting.

The quality, safety and risk leads worked in partnership with senior staff at the clinic to address highlighted areas of risk. The service had a risk register that clearly outlined known and potential risks with mitigating actions in place to ensure safety.

The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.

There was some evidence of action taken to improve the service. For example, they worked collaboratively with clinical experts and autistic creators to produce autism unlocked. This was a dedicated digital space designed to support autistic people and their families, through proven clinical strategies and insights from real lived experience.

The service had enough suitably trained staff to ensure the service could resume in the event of staff absences.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them when required. For example, following feedback they changed the adult autism and Autism, Attention Deficit/Hyperactivity Disorder (ADHD) pathway.

Staff could describe to us the systems in place to give feedback. The service was transparent, collaborative and open with stakeholders about performance. Staff members spoke of job satisfaction which they said didn't happen in their previous roles. They said they were proud to work as part of a team that makes a difference to others. Over 7200 people had been helped through assessment at the service since October to June 2023.

Continuous improvement and innovation

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

Are services well-led?

There was a focus on continuous learning and improvement. The service had a long-running charitable partnership with children's hospice providing them with financial support, as well as sponsorship of their 2023 bereavement campaign.

The service sponsored a colleges work with children displaced during the Ukraine war, funding the provision of books, a group trip, and production of clothing with cultural significance for them.