Dyad Medical Limited

Dyad Medical

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

Summary of findings

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 a short-notice announced comprehensive inspection at Dyad Medical on 22 July as part of our inspection programme.

Dyad Medical provides a consultant led outpatient service to assess, treat and diagnose adults aged 18 and above who are experiencing mental illness, cognitive impairments and other long-term conditions. Amongst services provided are a private clinic, Transcranial Magnetic Stimulation (TMS) Centre and Esketamine Clinic to treat treatment resistant depression, and an Alzheimer's Clinic providing Transcranial Pulse Stimulation (TPS).

The medical director 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.

This was the first inspection of this service.

Our key findings were:

- The service provided safe care and treatment. The provider had appropriate systems and processes in place to keep people safe and safeguard them from abuse.
- Clinicians carried out comprehensive assessments and developed treatment plans in partnership with patients. They recommended or prescribed a range of treatments that were informed by best practice guidelines and met the needs of the patients.
- There were rigorous governance systems in place to monitor the use of prescription pads by all doctors and non-medical prescribers within the service.
- The service employed staff that had the right skills, knowledge and experience to carry out their roles effectively and provided them with appropriate training, supervision and appraisals.
- Staff treated patients with compassion and respect and helped them to make informed decisions about their care and treatment. Patients told us that their clinician supported them to understand the diagnosis and treatment options available to them.

Summary of findings

- The service provided a range of treatments which were not easily available to patients on the NHS or elsewhere. The medical director ensured that the service had a focus on continuous learning and improvement.
- The service used a wide range of outcome measures to evaluate the effectiveness of treatments for patients at the service.
- Patients could easily access the service. Staff ensured that care and treatment from the service was delivered within an appropriate timescale for their needs.
- The service responded promptly to feedback and was keen to make improvements when required.
- The service had effective governance systems in place that monitored the quality and safety of the service and highlighted when an improvement was required. For example, improvements had been made to the quality of patient records kept.

However:

- Staff had not completed an infection control audit to ensure that there were appropriate infection control measures within the service.
- Doctors did not always record the justification for prescribing medicines to patients who were unable to, or chose not to have information shared with their general practitioner.
- Staff were not recording the room temperature at which medicines were stored, to ensure they were stored in line with the manufacturer's guidelines.

Jemima Burnage

Interim Director of Mental Health

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Dyad Medical

- The service is provided by Dyad Medical Limited. Dyad Medical Limited is registered at the following address, which is the location where our inspection was carried out:

100 Harley Street, London W1G 7JA

- Service website - www.dyad-medical.com
- Dyad Medical Limited is registered to provide the following regulated activity:

Treatment of disease, disorder or injury.

- Dyad Medical Limited is a consultant-led outpatient service providing clinical psychiatric assessment, treatment and diagnosis for adults who are experiencing mental illness, cognitive impairments and other long-term conditions in the community. Patients may be referred via their GP or consultant or self refer. The service has been registered with CQC since 11 February 2021.
- In addition to the above location, the provider also delivers regulated activities at:

10 Harley Street, London W1G 9PF (we did not visit this location as part of the inspection).

- This was the first CQC inspection of this service.
- The service includes five consultants with experience in psychiatry, neurology and pain management; a clinical pharmacist and five registered nurses. The medical director leads the service with support from the service manager, and administrative staff. Clinic hours are between 9am and 5pm, Monday to Friday. However, appointments can be scheduled outside of core working hours as well as at weekends. Clinicians assessed patients in person at the service, as well as by video calling.
- Amongst services provided are a private clinic, Transcranial Magnetic Stimulation (TMS) Centre and Esketamine Clinic to treat treatment resistant depression, and an Alzheimer's Clinic providing Transcranial Pulse Stimulation (TPS).

How we carried out this inspection

Our inspection team was led by a CQC lead inspector**.** The team included a CQC Inspection Manager. The lead inspector had access to advice from a specialist advisor and pharmacist inspector.

During the inspection of this service, the inspection team:

- spoke with the medical director and the service manager at the service,
- spoke with two registered nurses working at the service,
- spoke with another consultant psychiatrist working at the service,
- reviewed 14 patient assessment and treatment records for patients using the service,
- spoke with fifteen patients and one relative of a patient using the service,
- observed a patient appointment and preparation for a particular treatment,
- checked how prescription pads were stored and managed,
- checked how medicines were being managed at the service,
- reviewed recruitment, supervision and appraisal records and arrangements for staff,
- reviewed information and documents relating to the operation and management of the service.

Summary of this 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.

Areas for improvement

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

- The provider should ensure that an infection control audit is undertaken for the service at least annually.
- The provider should record the clinical justification to prescribe medicines if a patient objects to information being shared with, or does not have a regular general practitioner.
- The provider should ensure that the maximum and minimum daily temperature of the clinic room is monitored (for the optimal storage of medicines).

Our findings

Overview of ratings

Our ratings for this location are:

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

Community-based mental health services for adults of working age

Good

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

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

Good

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. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Policies outlined clearly who to go to for further guidance. The service had systems in place to safeguard children and vulnerable adults from abuse. The safeguarding policy had last been updated in January 2021.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Any safeguarding concerns were discussed at the monthly clinical team meeting and the quarterly clinical governance group meetings. The medical director kept a safeguarding log although this had not been needed in the previous year. The service had a safeguarding policy to support staff. The service only treated adults over the age of 18.
- The provider carried out appropriate staff checks at the time of recruitment. The provider undertook enhanced Disclosure and Barring Service (DBS) checks in relation to new clinical staff, as well as obtaining references from previous employment and evidence of professional liability insurance.
- There was an effective system to manage infection prevention and control. An external contractor cleaned the clinic rooms three times a week, and the nurses cleaned all equipment in between patients. There was a schedule of all areas to be cleaned and how frequently, and cleaning of particular areas was recorded to confirm it had taken place. The service was in the process of conducting a handwashing audit but had not yet completed an infection control audit.
- All relevant equipment in the clinic was serviced and calibrated annually, with records in place to confirm this. The clinic rooms had alarms available in the event of an emergency, and there was a policy of no lone working for staff at the clinic.

Risks to patients

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

Community-based mental health services for adults of working age

Good

- There were arrangements for planning and monitoring the number and mix of staff needed. This varied according to the number of patients coming into the clinic for different treatments. There were five registered nurses trained to provide repetitive Transcranial Magnetic Stimulation (rTMS), Transcranial Pulse Stimulation (TPS) and the administration of esketamine nasal spray as well as four consultant psychiatrists providing virtual and face-to-face consultations. There was also a non-medical prescriber who was a pharmacist, working with patients diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed training in life support techniques. All nursing staff worked regularly in the NHS and were experienced in dealing with emergencies.
- When there were changes to services or staff the registered manager assessed and monitored the impact on safety.
- The service had clear inclusion/exclusion criteria for each treatment to ensure patients received safe treatments that met their needs.
- Staff were aware of the risks for each treatment provided, and took steps to monitor patients' physical as well as mental health conditions prior to and during treatment. For example for patients being administered esketamine, a detailed medical history was taken and patients vital signs were monitored before and during administration.
- However, the service did not always contact patients' GPs to confirm their medical history, (after seeking the consent of patients to do so).

Information to deliver safe care and treatment

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

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Staff sought consent from patients regarding what information could be shared with other agencies or family members/carers on their registration with the service.
- A detailed medical history was taken for each patient, but if the patient preferred their GP not to be involved, this was respected. Staff did not record the clinical justification to prescribe medicines if a patient objected to information being shared, or did not have a regular general practitioner. In several cases patients did not have a GP at all, for example they were foreign nationals visiting the UK. Therefore the doctor may not have had access to sufficient information to prescribe safely in line with GMC guidance, and minimise the risk of patients obtaining controlled medicines from more than one service. We saw some examples of correspondence with patients' doctors abroad for further information, and to keep them informed of the treatments being provided by the service.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance. Staff were careful to protect the confidentiality of patients by using an identity reference when referring to patients or maintaining records.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance when appropriate. For example they referred some patients for psychology input when this was requested.
- Staff checked the identification of all patients whether they were seen virtually or face to face. This included requesting to see photo identity documents such as a passport.
- Staff recorded that they had obtained informed consent from patients prior to any treatment, and this was reviewed regularly.

Safe and appropriate use of medicines

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

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Good

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment, minimised risks. There was a medicines management policy which had last been reviewed in January 2021.
- Emergency equipment and medicines including oxygen and a defibrillator, were checked regularly and this was recorded.
- The service kept prescription stationery securely and monitored its use. The registered manager kept a record of all prescription pads issued to clinicians, and monitored and recorded the use of each prescription. Patient records included clear information flagged about any allergies they had.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Controlled medicines were stored securely on behalf of patients, with an electronic log kept of stock checks, including reference numbers and expiry dates. In addition there was a physical written record of all medicines administered (which did not include a record of stock held). Two staff members signed for each administration of controlled medicines. Prior to and during supervised administration of esketamine, staff conducted regular checks of the patient's blood pressure (approximately six times in all). We observed that esketamine was being prescribed at doses within the British National Formulary guidelines.
- Emergency medicines were kept easily accessible in the clinic room, and monitored regularly. These included adrenalin, glucogel, salbutamol and naloxone. However, the maximum and minimum daily temperature of the clinic room was not being monitored (for the optimal storage of medicines).
- Medicines that were no longer needed or had expired were returned to the pharmacy and this was recorded. There was no confirmation from the pharmacy of disposal of controlled medicines.
- During Covid-19 pandemic restrictions the service made arrangements to send patients' prescriptions to a named pharmacist, with guaranteed delivery. The medical director reported an issue with the delivery of a controlled drug prescription to the local Controlled Drug Accountable Officer as appropriate.

Track record on safety and incidents

The service had a good safety record.

- Staff completed comprehensive risk assessments in relation to safety issues. Protocols were in place to follow in the event of an emergency, and emergency equipment and medicines were available in the clinic room.
- The medical director kept a log of incidents. There had been three recorded incidents in the last 12 months, none of which had resulted in harm to patients or staff.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had a clear system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The medical director/registered manager supported them when they did so.
- There were good systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. One incident in the last 12 months related

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Good

to the accidental deletion of a patient record from the electronic record system. The incident was reported immediately and the service was able to retrieve the record. The service's investigation of this incident identified that staff could accidently delete records. The IT provider was asked to disable this feature in the records systems to protect from future accidents of this nature.

- Staff were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service apologised to patients if things went wrong or they were not totally satisfied with the care and treatment they received. For example, the medical director had apologised when a patient was sent a letter that contained the wrong name.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team through regular team and clinical governance meetings.

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

Good

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider kept up to date with current evidence based practice. Clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards, guidance and the latest evidence. Where treatments were not licensed in England the medical director clearly explained to patients the evidence supporting their use and the possible risks.

- The provider assessed patients' needs and delivered 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, in relation to the diagnosis and treatment of Attention Deficit Hyperactivity Disorder (ADHD).
- Patients' immediate and ongoing needs were fully assessed. This included their mental and physical health needs. We looked at the assessment and treatment records for 14 patients using the service. Clinicians carried out checks on patients' physical health prior to commencing treatment in line with national guidance and best practice. For example, clinicians checked patients' blood pressure and heart rate before prescribing medicines for ADHD.
- Clinicians obtained enough information to make or confirm a diagnosis. The service assessed patients and could provide treatment to patients with a number of conditions including depression, bipolar disorder, dementia/memory problems, adult ADHD, anxiety, and obsessive compulsive disorder.
- We saw no evidence of discrimination when making care and treatment decisions. Staff and patients described open-minded assessments, and clear exclusion criteria for particular treatments. Clinicians did not provide particular treatments to patients with certain physical health conditions, such as high blood pressure, in line with best practice and to protect them from possible harm. For example, we saw records of a patient being referred for another treatment when they did not meet the criteria for safe administration of esketamine.
- The service provided a number of psychiatric interventions including Transcranial Magnetic Stimulation (TMS), esketamine nasal spray administration and had started providing Transcranial Pulse Stimulation (TPS) since January 2022. A detailed history, confirmation of Alzheimer's diagnosis and Magnetic Resonance Imaging (MRI) scan was obtained for each patient before recommending TPS treatment.

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Good

- The provider followed national guidance where this was available or best practice and the latest research and evidence base. The medical director had developed detailed standard operating procedures for each treatment and clear treatment pathways to enable staff to deliver treatments safely and consistently. Standard operating procedures included the purpose and scope of the treatment, side effects and the specific procedure for each treatment session.
- Where there was a limited evidence base in terms of efficacy of a treatment the medical director explained this clearly to the patient verbally and in writing. The medical director stated they would not continue with a treatment if it was proving ineffective.
- Patients confirmed that staff made them aware about any possible side effects of medicines prescribed to them, so that they could make an informed decision about treatments.

Monitoring care and treatment

The service was actively involved in quality improvement activity. The service had introduced new and innovative treatments that were not always generally available to patients in England and had plans to implement more evidence based interventions. The service had an audit plan and was implementing this. The service measured outcomes for patients to check the efficacy of treatments.

- Staff completed outcomes measures for patients prior to, during and after treatment to measure the effectiveness of treatments. Outcome measures used included the Hamilton depression rating scale, patient health questionnaire (PHQ-9), the generalised anxiety disorder assessment (GAD-7), the Montreal cognitive assessment (MoCA) and Snaith-Hamilton Pleasure Scale (SHAPS). We observed a consultant using some of these measures with a patient during a consultation. Once a certain number of patients had received esketamine or TPS treatments the service planned to do an analysis of the outcomes for patients to add to the growing body of knowledge about these treatments.
- The service had an annual audit plan. The service had carried out an audit of the assessment and recording of patients' capacity in May 2022 and an annual audit of case notes in 2021 and 2022. The 2022 case notes audit showed an improvement in comparison with the case note audit the previous year. Where shortfalls were identified an action plan was put in place and implemented.
- There were clear protocols about physical health monitoring to be undertaken during treatments, such as repeated blood pressure and heart rate measurements during administration of esketamine. Prior to commencing treatment staff checked that patients had not eaten for two hours, had a drink in the last 30 minutes or used a nasal decongestant. They checked for possible side effects such as dissociation, sedation or dizziness. Two staff were available throughout this treatment, and a readiness to leave form was completed to ensure the safety of patients before leaving the clinic following treatment. Staff checked on patients' arrangements for getting home, as driving was not recommended immediately after esketamine treatment.
- Staff checked on patients' experiences of any side effects of medicines or other treatments provided to them, and discussed with patients whether they wished to continue treatment or try alternatives. They provided patients with information about who to contact in the event of a crisis or emergency (usually their local accident and emergency team).

Effective staffing

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

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Good

- All staff were appropriately qualified. The staff team included a pain specialist, clinical pharmacist and older adult specialist psychiatrist. The provider had an induction programme for all newly appointed staff. All staff completed comprehensive training and competency checks before being able to deliver TMS, esketamine nasal spray or TPS. A detailed set of competencies was in place for each treatment. The medical director kept records of completed competencies for each staff delivering the particular treatment.
- Medical and nursing staff were registered with their professional body, the General Medical Council or Nursing and Midwifery Council and were up to date with revalidation. The medical director kept records of clinicians' revalidation dates. All staff received safeguarding and life support training at an appropriate level for their role.
- The provider understood the learning needs of staff and provided training to meet them, especially in relation to the psychiatric interventions delivered by the service. Up to date records of staff skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. When medical equipment changed staff received updated training to use devices safely and effectively.
- All staff received regular individual supervision and records were kept of this. All staff received an annual appraisal in the service as well as providing details of an annual appraisal undertaken in their NHS role, if relevant. Administrative staff had regular contact with the service manager. There were plans to introduce more formal supervision for administrative staff.

Coordinating patient care and information sharing

Staff worked together and 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 a patient's GP, when appropriate.

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told of examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. The provider had weighed the benefits of providing a treatment against the risks of treatment. For example, TPS was not licensed in England although it was an approved intervention in other countries. The evidence base showing that TPS was an effective treatment for Alzheimer's Disease was limited, but this was balanced against the risks of the treatment, which were very low. Patients were fully informed in respect of the risks and potential benefits. Staff said they tried not to raise false expectations of treatment outcomes, and this was confirmed by patients we spoke with.
- 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.
- Staff were clear about the treatments that could be provided at the service, and referred patients to other services when needed for example for psychological therapies. The service was able to provide treatment to patients who were undertaking therapy elsewhere, liaising with external therapists as appropriate, with the consent of the patient.
- Where this was preferred by the patient, the consultant psychiatrists could arrange for shared care of patients with their GP prescribing repeat prescriptions, whilst the service monitored the patient.

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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Community-based mental health services for adults of working age

Good

- As part of the detailed assessment of each patient, staff discussed patients' physical as well as their mental health needs, signposting them to other services if needed. The service provided a range of treatments which were not routinely available on the national health service or elsewhere. This provided patients with a wider choice of treatments to address their health conditions.

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. There were times when staff could act in the best interests of patients who did not have capacity to give informed consent to treatment. However the provider told us that patients would not be able to receive TPS if they did not have the capacity to consent to the treatment (as the evidence for its efficacy remained limited). We spoke with a patient receiving this treatment, who was clear that they had been told about a possible placebo effect of the treatment, and any likely side effects.
- The service monitored the process for seeking consent appropriately. The service provided detailed information on treatments to patients and obtained written consent to all interventions such as TMS, esketamine nasal spray and TPS.
- Patient records indicated that some patients were given advice about making advanced decisions about their care and treatment should they become unable to make a decision in future.

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

Good

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We spoke with fifteen patients and one family member. They provided very positive feedback about their experiences with the service. Patients described staff at the service as very approachable, compassionate, courteous, helpful, attentive, and exceptionally responsive. They said that they had felt validated and listened to (when this had not been their experience previously), and felt staff had a good understanding of their situation. One patient told us that they had felt anxious before their appointment, but staff had taken time to listen to them, and provided reassurance.
- Patients particularly valued the range of treatments available to them at the service, which were not easily available on the NHS or elsewhere. One person told us that they admired the way in which the medical director pushed the boundaries of medical science, safely, and without taking any undue risks, particularly where there were limited options for patients.
- Patients described the medical director as hugely knowledgeable in his field, but going the extra mile to understand their individual situation and address their needs. They also said that the administrative staff and nurses were very friendly and respectful. They said that appointments were very thorough and holistic, and that they received an excellent level of care.

Community-based mental health services for adults of working age

Good

- Communication with the service was highly rated, and several patients described how they had received a call back from the medical director, after contacting the service for advice in between appointments. They also described receiving a detailed letter after each appointment summarising their assessment and discussion.
- The service sought feedback on the quality of clinical care patients received. The service had conducted a survey of patients using the service in a two week period in the last 12 months. There were twelve respondents to the survey. Eighty three per cent of respondents were very satisfied with the clinician they had seen and 17% were satisfied. All responders said that they were likely or very likely to recommend the clinician they saw to their friends and family.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- We observed a patient appointment and preparation for a particular treatment. The clinician treated the patient with kindness, respect, and gave them full information about the proposed treatment approach, including rationale for the treatment and possible side effects. Staff listened and responded fully to the patient's questions.

Involvement in decisions about care and treatment

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

- The medical staff and nurses spoke languages other than English. Information leaflets were available to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, explaining treatments in detail, the evidence upon which they were based, likely efficacy and side effects. Patients valued having their options explained clearly, and said that the medical director was careful not to give any false expectations about the likely results, giving them clear information about current success rates, and possible individual differences.
- Patients were offered a choice of treatment pathways. The medical director explained the evidence base and research outcomes for two pathways of treatment during a consultation and allowed the patient to choose the approach that suited them best. One patient said that they were grateful to the doctor for advising them not to make too many changes at once, in order to be clear about which interventions had made a positive difference.
- Patients were given detailed information about their different medical conditions and treatments, with further information provided on the service's website about other possible options available. They were signposted to this information prior to giving consent to any treatment.
- Most patients felt that no improvements were needed to the service based on their experience. A small number of suggestions were made by patients including using fewer forms, sending out letters more promptly, more consistency of administrative staff, and access to a coffee machine.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All consultations and interventions were conducted in private, respecting patients' privacy and dignity at all times.
- Patients said that the service environment was comfortable, clean and pleasant, which put them at ease.
- Patients described secure video consultations, which some patients preferred to attending the clinic, although they were encouraged to do so.

Are Community-based mental health services for adults of working age responsive?

Community-based mental health services for adults of working age

Good

Good

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 patients and improved services in response to those needs. Patients were offered a choice in regard to which treatment pathway they followed and when appointments would be scheduled. The team worked evenings and weekends to meet patients' needs and preferences.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was on the first floor and was accessible by stairs or by lift. A temporary ramp was available to help people access the service from street level if they could not use the steps.
- Since the Covid-19 pandemic the service also provided virtual appointments for patients to be seen by video call if this was their preference.
- Staff at the service were able to communicate with patients in some languages other than English. The service also had access to a telephone interpretation service should this be needed.
- The service had access to a consultation room at another address nearby for consultations where a clinic room with treatment equipment was not required.

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 said that they were able to contact a clinician between appointments, and would receive a swift response.
- Patients described easy access to making appointments, including by email, and lots of options for appointments outside of usual work hours.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service had arrangements to manage the unexpected absence of a clinician.
- Referrals and transfers to other services were undertaken in a timely way. If the service was not suitable for a patient's particular needs or condition they were referred or signposted to other services better able to meet their needs.
- Since 2015, the service had registered 1320 patients. Following the pandemic and an upgrade to the website in 2021, the service had expanded to have over 350 current active patients at the time of the inspection.

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. The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Community-based mental health services for adults of working age

Good

- Information about how to make a complaint or raise concerns was available on the service's website, although this was not easy to find. Staff treated patients who made complaints compassionately.
- The service had received one formal complaint in the last 12 months, relating to a prescription issue. This had been responded to promptly. Action was taken to minimise the chances of this happening again.
- The medical director kept a log of informal complaints so that they could identify any themes arising and learn from them. For example concerns were raised by a patient about receiving too many reminders about appointments, and this was addressed by administrative staff.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

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

Good

We rated well-led as Good because:

Leadership capacity and capability;

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

- The medical director was very knowledgeable in his clinical field and about issues and priorities relating to the quality and future of services. They understood the challenges and opportunities for the service and were addressing them. They were forward looking and took a lead nationally in their field of expertise.
- The medical director was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. They were concerned about the welfare of staff and recognised the importance staff well-being in providing quality care. Staff were consulted about and involved in making decisions about the service, and spoke of strong leadership and support from the medical director.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The medical director was considering expansion of the service to another part of the country and had identified someone to lead the service going forward.

Vision and strategy

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

- The provider had a clear vision and set of values, with a realistic strategy to achieve its goals and priorities.
- The service developed its vision, values and strategy jointly with staff where relevant.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff described an ethos of treating patients in the way in which they would like to be treated.

Culture

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

Community-based mental health services for adults of working age

Good

- Staff felt respected, supported and valued. They were proud to work for the service and felt very supported by the medical director. Staff described Dyad Medical as a great place to work.
- The service focused strongly on the needs of patients. Patients described staff as being incredibly flexible in meeting their needs.
- All staff demonstrated openness, honesty and transparency when responding to incidents and 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 staff with the development they needed. This included appraisal and regular supervision. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where relevant. Clinical staff, including nurses, were considered valued members of the team and encouraged to attend relevant conferences such as the Clinical TMS Society (CTMSS) annual conference.
- There was a strong emphasis on the safety and well-being of all staff and patients, with standard operating procedures in place to protect both.
- There were positive relationships and mutual respect between staff. Staff described learning a great deal about new treatments since working at the service.

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, understood and effective. The service held a clinical governance meeting every three to four months and monthly multidisciplinary team meetings. We reviewed minutes of both meetings and noted the team regularly discussed learning from incidents, and service and clinical issues. There was clear evidence of actions to improve the quality of care and treatment provided.
- Staff were clear on their roles and accountabilities. Administrative staff worked flexibly from the service or remotely, including covering the evenings. With the influx of some new staff in recent months, staff described opportunities for getting to know each other and consultation about plans for the future of the service.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. They conducted audits of each staff member's caseload, and whether procedures were followed appropriately. For example, they audited case notes to check whether all relevant registration information was recorded for each patient including identity checks, and whether patients received a letter after every appointment.

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 provider had a risk register. There was one risk identified on the register at the time of the inspection. This reflected the concerns of staff in the service. The medical director was planning to recruit a specialist consultant to mitigate the risk.
- The service had plans for clinical audit and existing audits had a positive impact on quality of care and outcomes for patients. For example, the service had improved the quality of information recorded for each patient.

Community-based mental health services for adults of working age

Good

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service knew how to submit data or notifications to external organisations, including CQC, as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Staff described a well planned recent change over to a new electronic recording system for the service enabling easier access to information.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff. Patients were able to give feedback through the service website and were also asked for feedback by email after some appointments. Feedback on the website indicated that there had been 159 patient reviews, with an overall rating of Excellent.
- Staff said that they were involved in making decisions about the service, and their feedback was taken into account. For example, a new attachment had been purchased for the TMS equipment which was easier to adjust.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The medical director evaluated new interventional psychiatric therapies to see whether there was good evidence of benefit and consider the need to expand the offer of the service.
- The service made use of published research to update treatment pathways and offers. The service was looking to provide vagal nerve stimulation treatment to patients with treatment resistant depression.
- The medical director is one of the principal investigators of a large TMS study (BRIGHT MIND) funded by the National Institute for Health and Care Research as part of his work in the NHS. The service was also considering expanding the use of TMS to other conditions in the future.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.