Big White Wall Head Office

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

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

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

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

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

Summary of findings

Overall summary

We rated The Big White Wall Head Office as **good** because:

- There were sufficient staff to meet people's needs safely.
- Staff had received and were up to date with appropriate mandatory training. Therapy staff completed a comprehensive induction to prepare them for their role.
- Policies and procedures for managing risk were in place. Staff had a good understanding of these and followed them consistently to protect people.
- Safeguarding arrangements were in place and staff were aware of the procedures to follow so that any safeguarding concerns were raised appropriately.
- People's needs were assessed and reviewed so that the service ensured people were receiving the treatment they needed. Risk assessments were reflected in the treatment plan. The service worked with other healthcare providers when people were discharged.
- Treatment was planned and delivered in line with current evidence based guidance, standards and best practice.
- Consent to treatment was sought prior to the start of each therapy session. Staff had undertaken training in the Mental Capacity Act 2005 and had completed other mandatory training.
- People were treated with kindness, dignity and respect. People told us the service was professional and live therapy had helped them.
- People were at the centre of their care and treatment and were involved in making decisions about their treatment.
- People could access live therapy in a timely manner. The service operated out of hours and at the weekend, this allowed people to have more flexibility in arranging their therapy sessions and was responsive to individual need.
- People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.
- Staff enjoyed working at the service and were committed to providing good quality care and support to people.
- The service had been nominated for and had won several awards. The Big White Wall was the winner in the 2015 Digital Entrepreneur Awards, technical innovation within the public sector and won the Women in IT awards for Innovator of the year 2016.
- The Big White Wall team had several articles published in journals such as the British Journal of General Practice and Current Psychiatry reports.

However:

- Systems to assess, monitor and improve the quality of the service were not fully developed and embedded within the organisation. This meant there was a risk that areas that required improvement would not be identified.
- Arrangements to share learning from incidents took place during supervision only. There was no system to share meeting minutes where incidents were discussed.
- Supervision records contained brief information about ongoing treatment and risk.
- Regular staff meetings with therapy staff did not take place.
- Arrangements were not in place for the continued professional development (CPD) of therapy staff. Staff were only offered mandatory training.

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	We rated The Big White Wall Head Office as **good** because: • There were sufficient staff to meet people's needs safely. • Staff had received and were up to date with appropriate mandatory training. Therapy staff completed a comprehensive induction to prepare them for their role. • Policies and procedures for managing risk were in place. Staff had a good understanding of these and followed them consistently to protect people. • Safeguarding arrangements were in place and staff were aware of the procedures to follow so that any safeguarding concerns were raised appropriately. • People's needs were assessed and reviewed so that the service ensured people were receiving the treatment they needed. Risk assessments were reflected in the treatment plan. The service worked with other healthcare providers when people were discharged. • Treatment was planned and delivered in line with current evidence based guidance, standards and best practice. • Consent to treatment was sought prior to the start of each therapy session. Staff had undertaken training in the Mental Capacity Act 2005 and had completed other mandatory training. • People were treated with kindness, dignity and respect. People told us the service was professional and live therapy had helped them. • People were at the centre of their care and treatment and were involved in making decisions about their treatment. • People could access live therapy in a timely manner. The service operated out of hours

Summary of findings

and at the weekend, this allowed people to have more flexibility in arranging their therapy sessions and was responsive to individual need.
- People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.
- Staff enjoyed working at the service and were committed to providing good quality care and support to people.
- The service had been nominated for and had won several awards. The Big White Wall was the winner in the 2015 Digital Entrepreneur Awards, technical innovation within the public sector and won the Women in IT awards for Innovator of the year 2016.
- The Big White Wall team had several articles published in journals such as the British Journal of General Practice and Current Psychiatry reports.

However:

- Systems to assess, monitor and improve the quality of the service were not fully developed and embedded within the organisation. This meant there was a risk that areas that required improvement would not be identified.
- Arrangements to share learning from incidents took place during supervision only. There was no system to share meeting minutes where incidents were discussed.
- Supervision records contained brief information about on-going treatment and risk.
- Regular staff meetings with therapy staff did not take place.
- Arrangements were not in place for the continued professional development (CPD) of therapy staff. Staff were only offered mandatory training.

Summary of findings

Contents

Good

Big White Wall Head Office

Services we looked at:
Community-based mental health services for adults of working age

Summary of this inspection

Background to Big White Wall Head Office

The Big White Wall Head Office provides a live therapy service involving one to one online therapy with experienced counsellors and therapists via webcam, audio or instant messaging through a secure digital platform. The service is contracted to provide live therapy to NHS mental health services through contracts with the Improving Access to Psychological Therapies (IAPT) programme.

Services are also provided to universities, NHS England and the Ministry of Defence.

Therapies offered include cognitive behavioural therapy, person-centred and integrative counselling/ psychotherapy. The service is provided to adults. People who use the service choose from a directory of approved therapists with different therapeutic approaches.

The Big White Wall Limited also provides a support network (24/7 professionally moderated on line peer support) and guided support (structured online group courses on common mental health issues). This part of the service is not regulated by the CQC.

This was the first inspection of the live therapy service since the service registered with CQC in 2014. At the time of our inspection seventy two patients were receiving live therapy. Big White Wall Limited is registered to provide the regulated activities of treatment of disease, disorder or injury.

Our inspection team

The team who inspected Big White Wall consisted of one CQC inspector, one CQC inspection manager and two specialist advisors with experience of delivering psychological therapy services.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about these service.

During the inspection visit, the inspection team:

- visited the registered location
- spoke with the consultant psychiatrist
- spoke with three therapists during the inspection and two therapists following the inspection

Summary of this inspection

- spoke with the nominated individual, registered manager, live therapy manager, head of research and the governance and forensics manager
- looked at a range of policies, procedures and other documents relating to the running of the service
- viewed a 'dummy'demonstration of live therapy
- spoke with two people who were using the service following the inspection
- spoke with two commissioners of the service following the inspection

What people who use the service say

People were treated with kindness, dignity and respect. People told us the service was professional and live therapy had helped them. They reported that they were provided with comprehensive information about the service. This included information on privacy, safety and confidentiality. People were at the centre of their care and treatment and were involved in making decisions about their treatment.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **good** because:

- There were sufficient staff to meet people's needs safely.
- Staff had received and were up to date with appropriate mandatory training. Therapy staff completed a comprehensive induction to prepare them for their role.
- Policies and procedures for managing risk were in place. Staff had a good understanding of these and followed them consistently to protect people.
- Safeguarding arrangements were in place and staff were aware of the procedures to follow so that any safeguarding concerns were raised appropriately.

However:

- Arrangements to share learning from incidents took place during supervision only. There was no system to share meeting minutes where incidents were discussed.

Are services effective?

Good

We rated effective as **good** because:

- People's needs were assessed and reviewed so that the service ensured people were receiving the treatment they needed. Risk assessments were reflected in the treatment plan. The service worked with other healthcare providers when people were discharged.
- The recovery rate in live therapy from GP referrals was better than the national average.
- Records were up to date, stored securely and safely.
- Treatment was planned and delivered in line with current evidence based guidance, standards and best practice.
- The service worked closely with commissioners, GPs and other healthcare professionals to provide an effective service.
- Consent to treatment was sought prior to the start of each therapy session. Staff had undertaking training in the Mental Capacity Act 2005 and had completed mandatory training.

Summary of this inspection

- Staff had the right qualifications, skills, knowledge and experience to do their job. Regular online group supervision was provided.

However:

- Supervision records contained brief information about ongoing treatment and risk.
- Regular staff meetings with therapy staff did not take place.
- Arrangements were not in place for the continued professional development (CPD) of therapy staff. Staff were only offered mandatory training.

Are services caring?

Good

We rated caring as **good** because:

- People were treated with kindness, dignity and respect. People told us the service was professional and live therapy had helped them.
- People were at the centre of their care and treatment and were involved in making decisions about their treatment.
- People could choose their therapist, the type of therapy they wanted and at a time that was convenient for them.

Are services responsive?

Good

We rated responsive as **good** because:

- People could access live therapy in a timely manner. The service operated out of hours and at the weekend, this allowed people to have more flexibility in arranging their therapy sessions and was responsive to individual need.
- Comprehensive information about the service was available to people on the provider's website.
- A complaint procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Are services well-led?

Requires improvement

We rated responsive as **requires improvement** because:

- Systems to assess, monitor and improve the quality of the service were not fully developed and embedded within the organisation. This meant there was a risk that areas that required improvement would not be identified.

However:

Summary of this inspection

- Staff enjoyed working at the service and were committed to providing good quality care and support to people. They had a good understanding of the values of the organisation.
- An improvement strategy and leadership plan was in place.
- The service had been nominated for and had won several awards. The Big White Wall was the winner in the 2015 Digital Entrepreneur Awards, technical innovation within the public sector and won the Women in IT awards for Innovator of the year 2016.
- The Big White Wall team had several articles published in journals such as the British Journal of General Practice and Current Psychiatry reports.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The Big White Wall Head Office did not provide care and treatment to people who were detained under the Mental Health Act 1983. This was not inspected as part of the comprehensive inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had undertaken training in the Mental Capacity Act 2005. Training information we viewed showed that 100% of staff had completed the training. The Deprivation of Liberty Safeguards did not apply to this service because the service was an online therapy service.

Treatment records detailed that people's consent was sought before therapy commenced and at each therapy session. The service worked on the basis that people voluntarily entered treatment and were presumed to have capacity to consent to treatment. The live therapy manager carried out audits of the treatment records to ensure that people gave their consent to treatment and this was recorded.

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	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Community-based mental health services for adults of working age

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

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

Good

Safe and clean environment

- Live therapy was provided remotely by each therapist from their own premises. People using the service could access their therapy session from where their computer was located. Therapists advised people of issues of confidentiality, private space and interruptions prior to starting the session.
- The Big White Wall central team were based in serviced offices. The health and safety of this building was managed by the landlord.

Safe staffing

- There were sufficient staff to meet people's needs. The staff team based at the registered location included the registered manager, live therapy manager, nominated individual, communications team, technical support, customer support assistants, finance and governance staff.
- Therapists worked as subcontractors to carry out the live therapy sessions. A part-time consultant psychiatrist was also part of the team and had clinical oversight of the live therapy service. At the time of our inspection the service had scheduled 483 sessions from 1 April to 1June 2016.
- The number of therapists employed was determined by the number of people that were using live therapy. This was monitored closely by the live therapy manager to ensure that people's individual needs were met safely.
- The service had a 13.6% turnover of staff in the past 12 months. At the time of our inspection 17 therapy staff were employed by the service.
- The overall sickness rate in the past 12 months was less than 1%.
- The overall vacancy rate was 18%. There was an ongoing recruitment programme to recruit therapists. They were also looking at measures to retain staff.
- Cover arrangements were in place for sickness and annual leave. Each therapist could contact people directly if they were not available due to sickness. The live therapy manager could also contact people directly if the therapist had not managed to do so. Where a therapist was on annual leave they notified the person in advance of the time period they would not be available.
- The service did not employ locum or bank staff.
- Staff had received and were up to date with appropriate mandatory training. Training information seen confirmed that 100% of staff had completed on line mandatory training which included safeguarding of vulnerable adults and children, information governance, Mental Capacity Act and data protection.
- Live therapy staff undertook a comprehensive induction which included completing five live therapy modules.

Good

Community-based mental health services for adults of working age

This ensured they were able to effectively deliver therapy using the live therapy platform. Therapists confirmed they were not able to book any sessions until they had completed the required modules.

Assessing and managing risk to patients and staff

- Risk assessments were completed during the first therapy session and were regularly updated during treatment. Risk management processes included each therapist completing (IAPT) minimum data set (MDS) information prior to each session. This included a patient health questionnaire (PHQ-9) and the generalised anxiety disorder assessment questionnaire (GAD -7).
- We viewed three risk records which detailed the risk, action taken, risk outcome and any lessons learnt. For example, for one person their GP was contacted in response to the risk identified during a therapy session and for another person they were provided with the contact details of the local crisis service. Staff confirmed they were able to feed back risk management concerns and discuss how these could be managed with their supervisor and the live therapy manager. Identified risks were flagged and noted in peoples therapy records.
- People accessing the live therapy service were provided with information on house rules, privacy rules and how to keep safe when using the service. This ensured that people received treatment safely.
- Safeguarding arrangements were in place and staff were aware of the procedures to follow so that any safeguarding concerns were raised appropriately. For example, a safeguarding alert had been raised where safeguarding concerns about children had been raised during a therapy session. Training records showed that 100% of staff had completed their safeguarding adults and children training.
- Therapists we spoke with told us they would also signpost people to various agencies to contact if it was appropriate to do so, for example contacting health visiting services and the GP.

Track record on safety

- The service did not report any serious untoward incidents in the last 12 months.

Reporting incidents and learning from when things go wrong

- Staff were aware of how to report an incident and the procedures to follow. Incident records viewed had been completed in full and any action required following the incident was documented.
- All incidents were reviewed by the live therapy manager. Incidents were discussed and reviewed at the weekly service and monthly clinical policy and governance meeting. This ensured that the response to the incident was reviewed and learning from incidents was discussed. Staff we spoke with told us that incidents were discussed during their supervision sessions only. There was no system in place for the minutes of meetings where incidents were discussed to be shared with therapy staff and this meant there was a potential for lessons learnt not to be communicated to all staff.

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

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff completed a comprehensive assessment, including a risk assessment during the first session of therapy. All referrals were triaged for their appropriateness by the clinical team.
- Some people had not been accepted for live therapy due the high risk they presented with on referral. The service used a referral process which screened complex referrals and if a referral was not suitable for live therapy, the service communicated and liaised with the referrer to ensure that follow up care was put in place.
- There was an on-going review of people's needs so that the service ensured people were receiving the treatment they needed. Treatment plans were developed with people and any changes to the plan were agreed and

discussed with the person beforehand. Risk assessment information was shared with other healthcare professionals as appropriate. For example records showed where a person's GP had been contacted.

- People we spoke with confirmed they were actively involved in their care and treatment. People were provided with detailed information about the live therapy service through the provider's website which also contained a frequently asked questions page which they could refer to.
- Records were held electronically and people could view the therapy session record and could contribute to the notes if they wanted too. People's records were reviewed weekly by the live therapy manager and registered manager to ensure that records had been completed appropriately and were updated. However, no formal record audits were being carried out.
- Once a person had finished their therapy all records were stored on a secure server, which could be accessed by the therapist and the individual person for a period of six months. At the time of our inspection no records were being archived as the volume of people using the service was small.

Best practice in treatment and care

- The service offered evidence-based therapeutic treatments in line with national guidance. This included Cognitive Behavioural Therapy (CBT), counselling and short term psycho- dynamic therapy for a range of mental health problems. Therapy staff told us they followed guidance, for example, the service used a stepped care approach to delivering psychological interventions in line with NICE guidance
- People accessed the service by using a secure digital portal and were required to complete recognised outcome monitoring questionnaires before each session, which were reviewed by the therapist to inform the plan of treatment and to assess people's progress over time. These clinically reported outcome measurements enabled the service to track and review client progress. This was in line with current best practice.
- Patients receiving therapy could also access guided self help resources which were available on the 'Big White Wall'. Therapists were able to provide links and information and resources during therapy sessions. Therapists could send these to patients using messaging system which ran concurrently to the live therapy session. This meant that patients were empowered to gain more understanding and information to support their individual needs.
- Patient experience questionnaires for 1 January 2015 to 1 April 2016 showed that 84% of members were satisfied or very satisfied with live therapy overall, 98% satisfied or very satisfied with the therapist.
- The average recovery rate in live therapy from GP referrals was 57% and 67% achieved reliable improvement.
- The service employed a dedicated head of research. The service was currently the subject of two randomised control trials, one on the Support Network as a self-referral intervention at the Institute of Mental Health, University of Nottingham, and one on Live Therapy in IAPT (Improving Access to Psychological Therapies) at the Centre for Outcomes Research and Effectiveness, University College London. This reflected that the organisation wanted to review and where necessary improve the effectiveness of the service it provided.

Skilled staff to deliver care

- Therapists employed by the service had a background in psychology, counselling and an integrative approach to therapy was adopted by therapist working in the service.
- Staff told us that they had a good level of supervision and support to deliver care and treatment effectively. This included weekly group supervision sessions which were attended remotely. Supervision was provided by four clinical leads who were supervised by the consultant psychiatrist.
- Group supervision records were maintained. However, the records we viewed contained brief information about ongoing patient treatment and risk which was assessed when patients were seen for therapy sessions and so it was not possible to tell if this had been discussed thoroughly. Therapists we spoke with told us

they were responsible for completing the supervision notes and not the supervisor. Any performance issues were addressed individually by the live therapy manager or registered manager.

- All staff working in the live therapy service had received an annual appraisal.
- Arrangements were not in place for the continued professional development (CPD) of therapy staff. Staff were only offered mandatory training. The service had identified this as an area for improvement and future training in risk assessment, working with eating disorders and NICE guidelines had been identified.
- Therapy staff told us they could choose to join webinar meetings held by the provider. These meetings were about updates within the organisation. There were no arrangements in place for regular staff meetings for therapy staff to attend. Any information or updates on the service were provided through email or during supervision.
- The staff team providing live therapy had the skills, qualifications and experience to provide
- All therapy staff were accredited to either the British Association for Behavioural and Cognitive Therapies or British Association of Counselling and Psychotherapy. Recruitment processes were robust and thorough checks were completed before staff started work to make sure they were safe and suitable to work in the care sector. Three staff records we saw confirmed that appropriate checks such as the disclosure and barring service had been carried out.

Multi-disciplinary and inter-agency team work

- The service worked closely with commissioners, GPs and other healthcare professionals to provide an effective service. Comprehensive discharge summaries were completed on completion of the therapy sessions and sent to the commissioners of the service and the individual. Commissioners of the service could access information about referrals they had made using a secure login and password. For example a commissioner we spoke with told us they could monitor how many referrals had started their therapy sessions.
- Commisioners also had access to the outcomes data which was being measured through an online platform and could keep track of the progress of people who were accessing the service.

Good practice in applying the MCA

- Mental Capacity Act 2005 training was part of staff mandatory training. People's consent was sought before therapy commenced and at each therapy session. The service worked on the basis that people voluntarily entered treatment and were presumed to have capacity to consent to treatment. Any concerns regarding a person's capacity were discussed with the live therapy manager.
- People we spoke with confirmed the therapist sought their consent before the start of the session. A consent audit had been carried out. The overall provider target of 90% was not being met. The audit found that only 82% of records reviewed had documented that consent had been sought. The service had plans in place to continuously monitor and evaluate gaining consent in therapy sessions.

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

Good

Kindness, dignity, respect and support

- People we spoke with confirmed they were treated with kindness, dignity and respect. They told us the service was professional and the therapy they had received had helped them improve their lives and well-being. People using the live therapy service could also access the support network and guided support services.
- All the staff we spoke with were very positive about the work they carried out.

The involvement of people in the care they receive

- People were at the centre of their care and treatment. People we spoke with said they were involved in making decisions about their care and treatment. People were encouraged to participate in their therapy sessions and adding their views and perceptions to the session records. Records seen detailed people's involvement in

Good

Community-based mental health services for adults of working age

their care and treatment. People were encouraged to provide feedback about the service they received. They were encouraged to rate each therapy session and the individual therapist.

- People could choose the type of therapy and the therapist they wanted. Each therapist had a profile and a rating. Where people wanted a particular therapist the service offered them an option to wait for availability. People accessing live therapy had access to 24/7 moderated support network.

Are community-based mental health services for adults of working age responsive to people's needs?

(for example, to feedback?)

Good

Access and discharge

- Referrals were received through the NHS IAPT service and self-referral routes either by postcode or GP. These referrals were sent electronically and after initial screening the referral information and initial log on request and appointment was sent to the person by email. Where referrals were accepted people could access the service through a secure digital portal. The service operated out of hours and at the weekend, this allowed people to have more flexibility in arranging their therapy sessions.
- The service had a target time of 14 days from referral to assessment. People were required to activate their account through an online system once the referral had been accepted. If people did not access the service within the 14 days an automated email message was sent reminding them to activate their live therapy account. This helped to promote engagement with the person and encourage them to register and book a therapist appointment. People's accounts expired after 14 days and they were advised that they would require a re-referral.
- People were discharged from the live therapy service once they had completed the required number of therapy sessions. Discharge information viewed was comprehensive and person centred. People were sign posted to other services and were provided with relapse prevention information.

Meeting the needs of all people who use the service

- Live therapy was only available in English, and no other languages were available. The provider told us they had not received any referrals for live therapy in another language.
- Comprehensive information about the service was available to people on the provider's website.
- The service was flexible and responsive to people's needs. Appointments could be accessed before work and in the evenings People could access the service from home, and this saved time and money for travel to an appointment. The online therapy could be accessed anywhere an internet connection and computer could be accessed andthe patient could talk in a private, confidential area.
- Sessions could be booked at a time which suited them. 70% of live therapy sessions took place outside office hours, including evenings and weekends.

Listening to and learning from concerns and complaints

- Complaint information was available on the provider's website. This detailed the process people could follow if they wanted to make a complaint. Therapy staff reported that they also informed people where they could find the information.
- Complaints were discussed and reviewed at the clinical policy and governance meeting. The service had received one complaint relating to the live therapy service in the last twelve months. The complaint had been appropriately acknowledged, investigated and the outcome communicated to the complainant.
- Changes had been made to the font size, colours and contrast on the online information and therapy records following a complaint. This had allowed people with visual impairment to easily view information.

Good

Community-based mental health services for adults of working age

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

Requires improvement

Vision and values

- Staff told us they enjoyed working at the service and were committed to providing good quality care and support to people using digital technology. They had a good understanding of the values of the organisation.

Good governance

- Systems to assess, monitor and improve the quality of the service were not fully developed and embedded within the organisation. There was no audit programme in place. Arrangements were not in place to share learning from incidents for all staff. There were no documented record audits to assess the quality of record keeping. This meant there was a risk that areas that required improvement would not be identified.
- An improvement strategy and leadership plan was in place. Areas identified as requiring improvement included developing training and continuous professional development, development of an audit programme, risk management and supervision.
- The service had a risk register in place. This was reviewed at the quality, safety and performance meeting. Progress on actions required were monitored and information updated on the register to ensure that risk was being appropriately managed.

Leadership, morale and staff engagement

- Staff morale was high. The leadership team was motivated and spoke of pride in working for the service.
- Staff we spoke with told us the service had an open and transparent culture and they were able to raise any concerns with their supervisor or live therapy manager.

Commitment to quality improvement and innovation

- The service had been nominated for and had won several awards. For example, the service was the winner in the 2015 Digital Entrepreneur Awards, technical innovation within the public sector and won the Women in IT awards for Innovator of the year 2016.
- They were also finalist in the Health Service Journal Awards innovation in mental health 2015 and were included in the Journal of Health digital health global list 2015 of the top 100 most innovative companies in the field.
- The Big White Wall team had several articles published in journals such as the British Journal of General Practice and Current Psychiatry reports.
- The service had developed an App so that people could easily access the support network and guided support when they wanted to.

Outstanding practice and areas for improvement

Outstanding practice

The service was currently the subject of two randomised control trials, one on the Support Network as a self-referral intervention at the Institute of Mental Health, University of Nottingham, and one on Live Therapy in IAPT (Improving Access to Psychological Therapies) at the Centre for Outcomes Research and Effectiveness, University College London. This reflected that the organisation wanted to review and where necessary improve the effectiveness of the service it provided.

Areas for improvement

Action the provider MUST take to improve

- The provider must develop systems and processes to assess, monitor and improve the quality and safety of the services provided including audits.

Action the provider SHOULD take to improve

- The provider should ensure all staff have the opportunity to learn from incidents.
- The provider should monitor the quality of staff supervision to ensure it covers all the necessary areas in sufficient detail.
- The provider should consider further ways of developing communication in the team including having regular staff meetings to include all members of staff working in the service.
- The provider should ensure all therapy staff have access to further training opportunities and continued professional development (CPD).

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.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems to assess, monitor and improve the quality of the service were not fully developed and embedded within the organisation. There was no audit programme in place. Arrangements were not in place to share learning from incidents for all staff. There were no documented record audits to assess the quality of record keeping. The registered person did not have established systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of regulation 17(1)(2)(a)