

JM Mental Health

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?

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 announced comprehensive inspection of JM Mental Health on 17 October 2019. This meant that staff at JM Mental Health knew we were coming. This was the first inspection of this service since it registered with the Care Quality Commission in October 2018, under the Health and Social Care Act 2008. We carried out this inspection as part of our ongoing inspection programme.

JM Mental Health provides psychiatric assessment and treatment for children and young people with emotional and mental health problems, up to the age of 21 years.

The consultant psychiatrist, Dr Julia Moss, 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.

During the inspection we carried out six telephone interviews with parents of the children and young people using the service. Their feedback was overwhelmingly positive about the service they received. Each told us they would recommend the service to someone they cared about if they needed it, three said they had already done this. All told us they felt fully involved in the care and treatment of their child, that they had been fully engaged in the assessment process and were clear about the treatment plan. For those who required it, Dr Moss had referred their child to other relevant therapists such as clinical psychologists. Arrangements for carrying out physical healthcare and baseline tests, including blood tests and weight / height monitoring were clear. Care plans clearly identified who was providing each intervention required.

Our key findings were:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the service was not too high to prevent the doctor from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- The consultant developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The registered manager ensured that staff received training, supervision and appraisal. Staff worked well together as a team and with relevant services outside the organisation.
- The consultant understood the principles underpinning capacity, competence and consent as they apply to children and young people and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families in care decisions.

Overall summary

- The service was easy to access. The consultant assessed and treated patients promptly and patients did not wait too long to start treatment. The criteria for referral to the service did not exclude children and young people who would have benefitted from care and treatment.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

We saw the following outstanding practice:

- Parents told us that the consultant provided them with hope when they had been seriously concerned about their child. Three told us they firmly believed the consultant had saved their lives. Parents were particularly impressed with the way the consultant was able to communicate with their child, where other professionals in the past had been unable to.

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor and the CQC medicines team. The team included two CQC inspectors.

Background to JM Mental Health

JM Mental Health Limited trades as JM Mental Health. They operate a fee-paying consultant led outpatient service to assess and treat the emotional and mental health needs of children and young people up to the age of 21 years. Most patients using the service are in the age range of 7-18 years. Referrals can be made directly from a parent / guardian, from a GP, independent therapist such as a clinical psychologist and can be made through selected healthcare insurance companies. Parents referring their child for assessment and treatment are responsible for funding the treatment, either directly or through private health insurance.

The service is run by Dr Julia Moss, a consultant child and adolescent psychiatrist. Assessment and treatments are offered for a range of conditions including depression, anxiety, phobias, disordered eating, attention deficit and autistic spectrum disorders. Dr Moss carries out an initial assessment of all patients and develops a treatment plan involving the patient and their parent / carer. All treatments provided by the service are evidence-based, provided in line with national and best practice guidelines. Treatment may include prescription medication and / or narrative and psychological interventions. If the assessment indicates a need for additional or different therapeutic interventions, such as clinical psychology, the patient is informed and, if required, Dr Moss completes the appropriate referral. The service aims to ensure patients and their families understand the treatment options available to them, so they can make informed choices about their care. Care and treatment is provided on a shared care basis with the patient's GP. This means that the patient's GP is fully involved, providing access to any necessary physical health tests along with baseline assessments.

The service employs a permanent personal assistant along with a range of administrative and support staff on a contractual basis. The consulting rooms are centrally located in Royal Leamington Spa at:

JM Mental Health Limited, 39a Consulting Rooms, 39a Regent Street, Royal Leamington Spa, Warwickshire, CV32 5EE Telephone 01926 803804

The service has a website which can be found here: www.jmmmentalhealth.co.uk

The services operates from 9am to 5pm, Monday to Friday. Appointments outside of normal opening hours can be arranged in special circumstances. Home visits are arranged for patients unable to travel to the consulting rooms and liaison with patients' schools is routinely undertaken. There is an answerphone service directing callers to other sources of support and emergency help if required. Dr Moss ensures children in need of urgent and emergency mental health care are directed and if necessary, supported to access the appropriate service.

How we inspected this service

Prior to the inspection, we gathered and reviewed information submitted by the provider including; notifications submitted to the Care Quality Commission and data included as part of the Provider Information Request (PIR). The Care Quality Commissions send PIRs to all providers when a comprehensive inspection is due to take place.

During our inspection visit we:

- looked at the environment at JM Mental Health
- reviewed five patient care records
- spoke with six parents of children and young people using the service
- spoke with a GP who referred patients to the service
- spoke with the consultant psychiatrist and the personal assistant
- reviewed three staff training records, employment records and appraisal records
- reviewed governance documents, such as meeting minutes, health and safety documents, safeguarding information, audits and incident logs
- looked at policies, procedures and other documents relating to the running of the service.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

The 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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental responsibility.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff working at JM Mental Health, this was their company policy and not a requirement of the Care Quality Commission. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. Cleaning of the building was done as part of the building lease agreement and records were kept identifying the schedules. Flushing of water systems to prevent Legionella was routinely carried out as part of the building lease agreement.
- The provider ensured that facilities were safe. There was no equipment being used which required specialist maintenance according to manufacturers' instructions. There was no healthcare waste requiring specialist management.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements in place for planning and monitoring the number and mix of staff needed to safely provide the service.
- There was a clear process for assessing and recording patient risk. The consultant carried out a comprehensive risk assessment for each patient when they presented for assessment at the service. The consultant reviewed and recorded changes in risk at each consultation.
- There was an effective induction system for new staff, tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify those in need of urgent help to manage their mental health and supported them to access the right care.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place, including professional and business insurance. There was insurance cover to provide speedy access to a locum if the consultant was unable to work.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The consultant updated the patient record system after each consultation.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The consultant wrote comprehensive GP letters, informing them at each stage of a patient's progress and whether there were any changes to the treatment plan.
- The service had identified that they needed a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. They were developing this at the time of our inspection.

Are services safe?

- The consultant made appropriate and timely referrals to other professionals and services, in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service did not store any medicines on the premises. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The next audit planned was prescribing and children with attention deficit disorder. The consultant routinely used standard symptom and adverse effect ratings scales and had access to up to date prescribing guidelines for psychiatry and for prescribing to children and young people.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). The service did not prescribe schedule 4 or 5 controlled drugs. The consultant liaised closely with patients' GPs for all prescribing. The consultant had also developed links with a local pharmacist.
- The consultant prescribed medicines to patients, and gave advice on medicines, in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. Patients and parents were provided with clear information about medicines and directed to useful NHS medicines websites for additional information.
- There were effective protocols for verifying the identity of patients, including children, and effective protocols for identifying parental responsibility.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There had been no serious safety concerns in the service since opening. However, there was a system for recording and acting on significant events and serious incidents. Staff understood their duty to raise concerns and report incidents and near misses. The service recorded five serious incidents during the 12 months leading up to this inspection. Three related to timeliness of GP letters, one to a double booked appointment and one to a wrong email address having been used. Each incident led to the service making improvements in their protocols and processes to prevent similar reoccurrences.
- There were adequate systems for reviewing and investigating when things went wrong.
- Staff were aware of and complied with the requirements of the Duty of Candour. The consultant encouraged a culture of openness and honesty. The service had systems in place so they remained up to date and knowledgeable about notifiable safety incidents.
- 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.

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 the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to the service.

- The consultant assessed 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. Guidance included but was not limited to, “Attention deficit hyperactivity disorder: diagnosis and management”, NICE, (March 2018).
- Patients’ immediate and ongoing needs were fully assessed. Where appropriate this also included their physical wellbeing. The initial assessment was holistic and comprehensive.
- The consultant used a variety of standardised assessment tools, for example for depression and anxiety. They used standardised tools for patients and parents to rate and self-evaluate the impact of their problem, revisiting these to measure progress and outcomes over time.
- The consultant sought enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The doctor supported patients to access web-based applications and sites offering support and advice which was specific to their needs.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The consultant was engaged in regional and national learning and development groups. She had recently set up a local peer learning and support group for independent practitioners. The service made improvements through the use of completed audits, including prescribing audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The

service identified areas for improvement, such as timeliness for sending out GP letters. They carried out an audit and as a result employed an additional member of staff with sole responsibility for this task.

- The service used evidence based ratings and outcome monitoring tools specific to the patient group.

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 consultant psychiatrist was registered with the General Medical Council (GMC) and was up to date with revalidation. She was also a member of the Royal College of Psychiatrists and the Independent Doctors Federation.
- The consultant 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 maintained. Staff were encouraged and given opportunities to develop. The service funded training courses they identified would meet staff development needs and provided time to attend professional conferences.
- Clinical supervision and peer group reflective practice was regularly undertaken by the consultant. Other staff had access to regular management supervision.

Coordinating patient care and information sharing **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The consultant liaised with patients’ schools and special educational needs staff along with their community mental health teams if appropriate. The service took the lead to arrange a meeting with a local NHS team, ensure clarity of roles and professional boundaries when working jointly to address patient needs.
- Before providing treatment, the consultant ensured they had adequate knowledge of the patient’s health, any relevant test results and their medicines history.

Are services effective?

- All patients and parents were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they started using the service and at regular intervals thereafter.
- The consultant had risk assessed the treatments they offered. They would not prescribe medicines if the patient / parent did not give their consent to share information with their GP, or if they were not registered with a GP. We saw evidence that letters sent to patients' registered GPs were in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw examples of the consultant liaising with children's safeguarding teams when appropriate.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

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, the consultant gave people advice so they could self-care. The consultant ensured patients and their families considered a holistic view of their wellbeing, encouraging them to consider good sleep hygiene, exercise and dietary requirements to support their emotional and mental health.

- Risk factors were identified, highlighted to patients and parents and highlighted to their normal care provider for additional support. GP letters clearly stated any advice given and what the treatment plan was.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. When needed, the consultant escalated concerns and liaised with local NHS services to improve patient access to essential care and treatment.

Consent to care and treatment

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

- The consultant understood the requirements of legislation and guidance when considering consent and decision making.
- The consultant supported patients to make decisions. Where appropriate, she assessed and recorded a patient's mental capacity to make a decision. She assessed and recorded capacity and consent for children and young people under the age of 16 years using Gillick principles. Children under the age of 16 can consent to their own treatment if they are believed to be competent. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- The service monitored the process for seeking consent appropriately. Staff assured themselves that the adult presenting a child or young person for treatment held the legal parental right to do so.

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 about the quality of clinical care patients received. Parents and carers were routinely sent feedback forms to complete. The average return rate was 10%. Most we spoke with remembered receiving and completing these. Staff were developing feedback questionnaires which would be suitable for the children and young people who used the service to complete.
- Feedback from parents was positive about the way staff treated people. We looked at eight feedback forms during the inspection, seven of which were wholly positive about the service they received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Parents we spoke with were keen to point out how appreciative they were to find that the consultant had not judged them in anyway.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Since opening, there had been no patients requiring an interpreter to access the service. The initial contact and registration process would highlight any specific

communication or access needs for new patients.

However, should there be, staff were able to arrange this for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- We were not able to speak with any children or young people using the service, but we spoke with six of their parents. They told us that their child always felt listened to and supported by the consultant and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with complex social needs, the consultant involved their family, school and key workers where appropriate.
- Staff communicated with people in a way that they could understand. Parents told us that the consultant always ensured their child was fully involved and understood what was happening.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Parents told us that the consultant always made time to see them together with their child and separately if they needed time to discuss sensitive issues.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Parents told us the consultant took time to understand the needs of each patient and their family circumstance. Appointments were made taking into account school timetables.
- 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. For patients unable to access the building, perhaps due to the severity of their condition, the consultant arranged to see them in their own home.

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, diagnosis and treatment. Physical health care tests were carried out by the patient's GP in consultation with the consultant. Appointments were scheduled to take into account school timetables. The service was keen to support families through difficult periods in their lives so, in special circumstances, weekend appointments were arranged, which those who used them were very appreciative of.
- Waiting times, delays and cancellations were minimal and were managed appropriately. None of the parents we spoke with had ever had an appointment cancelled.

- Even though the service did not provide urgent care and treatment, they were responsive to arranging appointments when families needed them most. Patients with the most urgent needs had their care and treatment prioritised.
- Parents reported that the appointment system was easy to use and was flexible. Appointments were all face to face but parents were able to telephone the service for advice and reassurance when they needed to.
- Referrals and transfers into the service and out to other services were undertaken in a timely way. The service sent GP letters promptly and arrangements for requesting and collecting tests results from the GP were clear and dealt with in a timely manner.

Listening and learning from concerns and complaints

The service took/did not take complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. There were no formal complaints made about the service in the 12 months leading up to this inspection. Staff treated patients who raised concerns compassionately, listened to them and took their concerns seriously.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their concerns. The service had responded to the small number of concerns they had received. We looked at these concerns and saw that staff had dealt with them effectively and in a timely way, none had been escalated to a formal complaint and none had been escalated outside of the service. There were large numbers of compliments about this service.
- The service had complaints policy and procedures in place. The service learned lessons from individual concerns. It acted as a result to improve the quality of care, for example making changes to the patient registration documentation.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The consultant was knowledgeable about issues and priorities relating to the quality and future of the service. She understood the challenges of working as a lone consultant psychiatrist in independent practice and was addressing them.
- The consultant and the personal assistant were visible and approachable to other staff and to members of the public. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. Plans included developing and growing the practice.

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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

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.
- Openness, honesty and transparency were demonstrated when responding to incidents and concerns. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Concerns received a timely response and a written acknowledgement.

- One staff member told us they could raise concerns and were encouraged to do so by the registered manager. They had confidence that these would be addressed. They knew how to share concerns outside of the service if they needed to.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All eligible staff received regular annual appraisals in the last year. The consultant dedicated time to meet the requirements of her professional revalidation. She had arrangements in place for her own clinical supervision, peer supervision and appraisal. She recorded all of her continued professional development which included independent learning, training and conferences. All staff were considered valued members of the team. They were given protected time for development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff. They met regularly together as a team. The consultant also met with other independent practitioners locally and regionally. She had recently developed a peer support network, sharing learning and working together for case analysis and formulation purposes.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

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 had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The consultant had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. The service carried out audits to identify themes, trends of referrals and outcomes.
- The provider had plans in place and had trained staff for major incidents such as fire.

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.
- The service used performance information which was reported and monitored to improve the quality of care to patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The service had recently recruited external support to run performance audits and provide data analysis expertise to the team.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients, parents, staff and external partners. They acted on them to shape services and culture. Feedback forms were routinely sent out to parents, with a steady return rate of 10%. Staff used this feedback to provide assurance about the care and treatment provided, inform practice and to look for ways to improve. We looked at eight feedback forms, seven of which were wholly positive about the service. the service used the less positive feedback form to strengthen the patient registration document. They were developing a feedback tool for children and young people to use, which would be based on a well-known sector specific tool.
- Staff could describe to us the systems in place to give feedback. One member of staff described “lightbulb moments” where they were able to share ideas and promote new ways of working, which we were told the consultant was receptive and encouraging of. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open about performance. The consultant had arranged a programme of GP educational sessions to promote the service and seek feedback from referrers. She worked collaboratively with other professionals to meet the needs of her patients, with both the independent and public sector.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The consultant was keen to develop professionally and undertook opportunities for learning and development. She had forged links with other independent psychiatrists, clinical psychologists and therapists in the field of child and adolescent mental health. She had developed a multidisciplinary peer learning and support group in the local area.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The service was in the process of commissioning an external review, which would be completed by a child and adolescent mental health specialist in the region.
- Staff took time out to review individual and team objectives, processes and performance. The service was open to considering new ways of working.
- There were systems to support improvement and innovation work.