

96 Harley Street

Inspection report

96 Harley Street
London
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Tel:

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection in December 2013 not rated)

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 inspection at 96 Harley Street as part of our inspection programme.

This service provides outpatient mental health assessment and treatment for adults.

The consultant psychiatrist at the service 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.

Our key findings were:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff completed a comprehensive mental health assessment of each patient. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. The consultant psychiatrist ensured that staff received supervision and appraisal. Staff worked well together as a team and with relevant services outside the organisation.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. The service actively involved patients in care decisions.
- The service was easy to access. The criteria for referral to the service did not exclude patients who would have benefitted from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

Overall summary

- At the time of inspection, waiting lists were not managed well to ensure that patients who required urgent care were seen promptly. It was also not clear who was responsible for patients' care and treatment, while they were waiting for an assessment. Immediately following the inspection, a new protocol was put in place. The consultant reviewed all new patient referral letters three times per week, so that they had oversight of the patients on the waiting list. If the patient was low risk they would be put onto the waiting list, but if they were identified as higher risk they may be seen sooner or referred to another service. The provider also now communicated clearly to the referrer that responsibility for the patient remained with the referrer until the assessment had taken place.
- Patients could give feedback on the service, but the process for doing so was not always communicated to patients. The practice manager was in the process of setting up a tablet so that clients could input their feedback following sessions.
- Staff had previously received safeguarding and safety training appropriate to their role, but at the time of the inspection the training was out of date (the training had expired in October 2020). A new training provider was being sought to provide face to face training.

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

- The provider should ensure that it embeds processes to ensure all new referrals and waiting lists are monitored.
- The provider should ensure that delays to assessment are communicated to the referring professionals.
- The provider should ensure that all staff are up to date with their mandatory training.
- The provider should seek formal feedback from patients more frequently to inform service development.

Our inspection team

Our inspection team was led by a CQC lead inspector with another CQC inspector completing the inspection team. The lead CQC inspector had access to advice from a specialist advisor.

Background to 96 Harley Street

96 Harley Street is a service consisting of one consultant psychiatrist, one practice manager and one part-time personal assistant. The consultant for this service was a sole practitioner. This meant they did not have a team of colleagues to provide support and oversight of their work. In order to address the risks this presents, the consultant met with other practitioners working in the same building and had had regular appraisals.

This service provides outpatient mental health assessment and treatment for adults.

Since the COVID-19 pandemic, this service has been delivering appointments via video conferencing platforms. Patients are also seen at 96 Harley Street.

The service is registered with CQC to undertake the following regulated activities:

- Treatment of Disease, Disorder or Injury

How we inspected this service

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

- checked the safety, maintenance and cleanliness of the premises
- spoke with the practice manager, the consultant psychiatrists and personal assistant
- reviewed six patient care and treatment records
- reviewed GP letters on a further four records to specifically look at the risk summary
- spoke to five service users
- reviewed two staff records
- reviewed information and documents relating to the operation and management of the service

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments of the environment. 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. There were no safeguarding issues involved in any of the records we reviewed.
- Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. There were clear and detailed policies for safeguarding children and adults.
- 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 where required.
- Staff had received safeguarding and safety training appropriate to their role, but at the time of the inspection the training was out of date. The training had expired in October 2020. Due to dissatisfaction with the previous training provider and the Covid-19 pandemic, a new training provider was being sought to provide face-to-face training.
- There was an effective system to manage infection prevention and control. The service provided hand sanitizing gel at the entrance to the building and the entrance to the consulting rooms. Patients' temperatures were taken as they entered the building. The service displayed instructions on compliance with guidance on minimizing the risk of the spread of Covid-19. During the Covid-19 restrictions, most consultations took place using telephones or video conferencing facilities.
- Staff made sure cleaning records were up-to-date and the premises were clean. During the inspection we observed up-to-date and complete cleaning records for the premises.
- Rooms were leased by the provider. The provider's landlord undertook appropriate environmental risk assessments. Electrical checks were completed and staff participated in fire drills.
- Staff made sure equipment was well maintained, clean and in working order. All equipment we observed appeared clean and was in working order.

Risks to patients

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

- The service did not use any agency staff.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There was suitable equipment to deal with medical emergencies, which was stored appropriately and checked regularly. A defibrillator was located on the ground floor of the building and staff were aware of its location.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, the changes to the service to offer appointments remotely during the pandemic.
- At the time of inspection, staff did not monitor patients on waiting lists for changes in their level of risk and respond when risk increased. Staff told us that the service had become increasingly busy during the Covid-19 pandemic. The increase in referrals meant that new referrals were waiting between six to eight weeks to be assessed by the consultant. New referrals were reviewed by the practice manager and then placed on the waiting list. There was a risk that there was no medical oversight of the patients on the waiting list for several weeks or months. We raised our concerns at the time of the inspection, and following the inspection a new protocol was put in place. In the new protocol, the consultant reviewed new patient referral letters three times weekly so that they had oversight of the patients on the waiting list. If the patient was low risk they would be put onto the waiting list, but if they were identified as higher risk they may be seen sooner or referred to another service. A letter was also written to the referring GP explaining the delay in seeing the patient so that the GP was aware and so that care could be continued until the assessment date.
- The doctor assessed each patient's risk at the initial assessment and continued to monitor risks at further consultations. Letters to the patients' GPs included a summary of any risks the patient presented to themselves, the risks to other people and any risks relating to drugs and alcohol. We reviewed the risk summary on four records. None of these records indicated any risks, other than those associated with the patient's prescribed medication. The doctor monitored side effects of prescribed medicines and adjusted the medication when adverse reactions occurred. For example, the doctor monitored the weight of patients taking a medication that could lead to significant weight gain and changed the medication when this occurred.
- The consultant at the service would meet therapists weekly to discuss complex cases. The therapists did not work for the provider but rented rooms from the provider's landlord and worked in the same building. The consultant felt that this was helpful to talk to colleagues and to get advice.
- There were appropriate indemnity arrangements in place to cover potential liabilities.

Information to deliver safe care and treatment

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

- Patient notes were comprehensive and all staff could access them easily. Patient notes were stored electronically and physical paper copies were stored securely on the premises.
- Individual care records were written and managed in a way that kept patients safe. The care records showed that information was recorded in an accessible way. Records included comprehensive notes of each consultation with patients. A summary of each consultation, along with details of prescriptions and a plan for the patient's treatment, was sent to the patient's GP. A copy of this letter was also sent to the patient.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, records showed there were regular communications with GPs in relation to physical health matters.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. Documents for prescribing medicines were kept in a locked filing cabinet. Clinicians prescribed medication following internet appointments however this would only be used if face to face appointment were not possible. Prescription scripts could be collected by patients or would be delivered via specialist courier.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The consultant monitored the annual prescription rate for controlled drugs and sleeping medication.

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.

- The service learned and made improvements when things went wrong.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The service had a policy and a standard form for reporting significant events.
- There were adequate 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. There was evidence that changes had been made as a result of feedback. For example, in February 2021, the doctor prescribed a patient medicine that was liable to abuse. The patient's GP was also prescribing this medicine. Following this incident, the service introduced a procedure to ensure that all patients were fully registered with a GP before their first appointment and that only the practice manager was authorised to book appointments for new patients. The consultant would write to patients GPs following each consultation which would inform them what if any medication had been prescribed.

Are services safe?

- Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider encouraged a culture of openness and honesty. The service gave affected people support, truthful information and a verbal and written apology.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Staff completed a comprehensive mental health assessment of each patient. Where appropriate this included their clinical needs and their mental and physical wellbeing. The doctor completed a full assessment of each patient at their first appointment. These assessments were updated at each appointment.
- Clinicians had enough information to make or confirm a diagnosis. Prior to their first appointment, patients were asked to complete a questionnaire providing details of their psychiatric history. Patients were also asked to complete standard questionnaires to assess the severity of their depression and anxiety. Patients who may have been experiencing post-traumatic stress disorder were asked to complete a specific questionnaire to measure the impact of potentially traumatic events. The results of these questionnaires were discussed with patients during their appointment and used to inform decisions about diagnosis and treatment.
- The provider 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. For example, the service offered a combination of recommended medicines and talking therapies for patients with anxiety and mood disorders. The service provided psychological therapy for patients with personality disorder, therapy was provided by the consultant psychiatrist. The service also prescribed recommended medicines for patients with bi-polar disorders.
- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. The consultant at the service had regular communication with their supervisor and said that they were readily available for advice and support.
- Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes.
- Staff made sure patients had support for their physical health needs, either from their GP or community services. The service sent letters to GPs requesting full physical health checks and blood tests when appropriate. The consultant had access to weighing scales these would be used for patients who were at risk of weight gain due to their medication.
- Staff used technology to support patients. The service is currently offering a remote service. Patients could access their appointment's via video link.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

Are services effective?

- The service used information about care and treatment to make improvements. For example, the service had recently acquired an online system for psychometric testing. This system allowed the provider to repeat psychometric tests digitally to measure improvements. The consultant also received regular appraisals where patient cases were reviewed. The consultant conducted an annual audit of controlled drugs and sleeping medication prescriptions with a view to reducing the number of prescriptions per year.

Effective staffing

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

- The service was made up of one consultant psychiatrist, one practice manager and one part time personal assistant.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC).
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date. For example, clinical staff attended conferences with the Royal College of Psychiatrists and The British Association for Psychopharmacology.

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. For example, the service liaised closely with a patient's GP when the patient's sleep disorder was having an impact on their mental health. The service also sent letters to GP requesting full physical health checks and blood tests 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. Patients' records included details of the patient's medical history along with results of blood tests.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. All patients signed a form to confirm their consent to sharing information with their GP. When patients had reservations about sharing information with the GP, the doctor explained the importance of information sharing and agreed the text of the GP letter with the patient.
- The provider had risk assessed the treatments they offered. The service had recently introduced a new procedure for prescribing medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. The service closely monitored patients' use of medicines that can cause dependency and gradually reduced doses when appropriate. We saw evidence of letters sent to their registered GP in line with GMC guidance.

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff told us that safeguarding referrals to the local authority were uncommon. Staff provided examples of when local community mental health teams and the local authority had been contacted. Previously, the local authority and community mental health team were contacted due to concerns about a mother with post-natal psychosis.
- 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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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. For example, they provided guidance on straightforward ways to reduce the effects of depression such as ensuring patients got enough sleep and avoided alcohol.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. This included patients' own GP, mental health crisis teams and inpatient services.

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. All patients signed a consent to treatment declaration that formed part of the new patient registration form. Patients also signed a General Data Protection Regulation consent form to allow the doctor to share information with their GP.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

- Patients could give feedback on the service; however, the process of how to provide feedback was not always communicated to patients. The service sought feedback on the quality of clinical care patients received through an online review platform. The practice manager acknowledged that they did not always request feedback. There had only been five reviews in the previous 12 months. The practice manager acknowledged they would like to increase the amount of feedback and was in the process of setting up a tablet so that clients could input their feedback following sessions.
- Staff were discreet, respectful, and responsive when caring for patients. Feedback from patients was positive about the way staff treat people. We spoke to five patients. All the feedback was overwhelmingly positive. Patients were very happy with the service offered and felt listened to. Patients also praised the availability of the service and said that support was always available.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff gave examples of how they responded to patients' preferences and were keen to avoid appearing judgemental. Records showed that the doctor engaged with patients in a holistic manner and sought to understand their lives and the things that were important to them.
- The service gave patients timely support and information. The doctor responded promptly to emails from patients. The doctor also encouraged patients to contact him promptly when they felt themselves to be at risk or in distress.
- Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Family members would also be used to support with translation where it was appropriate.
- All patients told us that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff helped patients to understand their treatment. For example, the doctor sent a patient the results of their blood test with a comprehensive explanation of what the results meant.

Privacy and Dignity

The service respected patients' privacy and dignity.

Are services caring?

- 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.
- Staff said that the introduction of online consultations during the pandemic introduced new challenges for the provider about client privacy and dignity. For example, one client had their second consultation in a coffee shop virtually. The clinician felt that this environment was inappropriate but continued the consultation at the client's wishes. Following this incident, the clinician said that if a similar situation occurred again then they would request for the session to be re-arranged when the client was in a more private setting.

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.

- In response to the Covid-19 pandemic the service had introduced online consultations. This helped patients access sessions who were unable to attend sessions in person.
- The provider understood the needs of their patients and improved services in response to those needs. Translation services were available as and when required. Family members would also be used to support with translation where appropriate.
- The facilities and premises were appropriate for the services delivered. However, whilst 96 Harley Street had a lift, the lift was not suitable for a wheelchair user. If patients were unable to attend face-to-face appointments then online appointments would be offered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service was easy to access. The service offered pre-booked appointments at a range of different times to meet the needs of patients. The service did not offer walk in appointments and did not operate on a 24-hour basis. Staff worked as a team to ensure a quick response to any requests for appointments. However, patients were aware the service did not offer emergency or crisis support and were provided with information of which services to access for immediate support if needed.
- Staff told us that the service had become increasingly busy during the Covid 19 pandemic. Some patients would be on a waiting list for up to two months before an assessment took place. At the time of inspection, it was not always clear that the waiting time from referral to assessment was communicated to the referring clinicians. It was not clear who held the risk while patients were waiting for assessments. Following the inspection, a new protocol was put in place. The provider would communicate clearly to the referrer that responsibility for the patient remains with the referrer until the assessment has taken place. This communication took place via a telephone call or an email.
- Staff tried to contact people who did not attend appointments and offer support. Text reminders were sent to patients before sessions to remind them of their appointment.
- Staff worked hard to avoid cancelling appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible.
- Appointments ran on time and staff informed patients when they did not. All patients we spoke to said there were no issues with sessions running on time.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

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

- Staff made sure patients could access information on treatment, local service, their rights and how to complain. The service had received one complaint in the year before the inspection. Staff treated patients who made complaints compassionately. When complaints were upheld, the service apologised to the complainant.
- 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. The Consultant was a member of the Independent Doctors Federation (IDF) and would refer to the IDF if internal resolution could not be achieved. The IDF would refer the complaint to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) if there were still unresolved issues.
- Staff protected patients who raised concerns or complaints from discrimination and harassment. Patients received feedback from staff after the investigation into their complaint.
- 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. For example, the service introduced a system of sending password protected documents to patients by email after a confidential letter had been opened by the wrong person.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, leaders had identified that there was a low level of patient feedback. A tablet had been purchased to try and increase the level of patient feedback.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff that we spoke to felt that leaders were approachable and personable.

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 provider's strategy is to provide comprehensive, excellent, timely outpatient services to adult patients suffering from all forms of emotional, psychological and psychiatric conditions. All staff we spoke to demonstrated enthusiasm to improve the service and to provide the best service possible.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service had received one complaint in the year before the inspection. Staff treated patients who made complaints compassionately. When complaints were upheld, the service apologised to the complainant.
- 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. All staff that we spoke to said that there was an open door policy and that all staff were approachable.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. There was a staff stress policy in place which stated that the provider is committed to identifying sources of stress in the workplace and taking action to reduce harmful stress.
- The service actively promoted equality and diversity. The service had an equal opportunities at work policy in place. 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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. Leaders had oversight of safety alerts, incidents, and complaints. As the service was small, the consultant had oversight of all incidents and complaints. There were arrangements in place for an independent doctor to review a complaint if safeguarding issues were raised within the complaint. Improvements were made following complaints, for example the introduction of password protected emails.
- Clinical audit had a positive impact on quality of care and outcomes for patients. The consultants clinical care was reviewed during their annual appraisal with their supervisor. Audits were also used to monitor the prescription of controlled drugs and sleeping medication. The consultants stated aim was to work with another independent clinician to set up more regular clinical record reviews.

Are services well-led?

- The provider had plans in place and had trained staff for major incidents. The service had a business continuity policy that all staff were aware of. The policy covered risks such as fire and flood.
- 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.
- Staff stored confidential records securely using the provider's electronic record systems. When they used paper records, they stored them securely in the consultant's office.

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. However, there was a low level of patient feedback in the last 12 months. The provider was in the process of trying to increase the amount of patient feedback.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, changes were made following concerns being raised by a GP. A new policy was put in place, so that if a patient is not seen after a year, medication would not be prescribed following an online consultation. Appointments are set up with GPs so that formal discussions can take place. This was in response to a patient being prescribed the same medication by both their GP and consultant psychiatrist at the service.
- Staff could describe to us the systems in place to give feedback. For example, the practice manager and consultant held a meeting every week. Both reported these sessions were opportunities to provide feedback.

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. Leaders at the provider had identified areas that they would like to improve. For example, leaders were looking at options to improve the IT system as the current system did not allow for reliable contemporaneous notes to be recorded.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. However, due to the size of the service they received very few complaints or incidents.

Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the service had recently acquired a system for psychometric testing. This system allows the provider to repeat psychometric tests digitally to measure patient improvements.

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

This section is primarily information for the provider

Enforcement actions

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