

Dr Todd Mitchell, Consultant Psychiatrist

Inspection report

10 Harley Street
London
W1G 9PF
Tel: 08454741724
www.harleytherapy.co.uk/todd-mitchell.htm

Date of inspection visit: 30 August 2022
Date of publication: 02/11/2022

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. This service had not been inspected before.

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 at Dr Todd Mitchell's clinic, 10 Harley Street on 30 August 2022, as part of our inspection programme. This was the first inspection of the service. The service was registered by CQC in February 2019.

Dr Todd Mitchell provides a consultant led outpatient service to assess, diagnose, and if necessary, treat adults for a range of general psychiatric conditions, such as anxiety, depression and post-traumatic stress disorder. The service was provided to adults aged 18 years and over.

The consultant psychiatrist is the registered provider and 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 the 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations and how the service is run.

We reviewed patient feedback and spoke with six patients to understand the quality of care provided by the service. All feedback we received from patients was overwhelmingly positive. Patients told us that the consultant psychiatrist was professional, inclusive and took the time to listen to them. Patients told us the administration staff were very helpful and answered their queries quickly.

Our key findings were:

- The service provided safe care. The consultant psychiatrist had training in key skills, understood how to protect people from abuse, and managed safety well. The consultant psychiatrist assessed risks to patients, acted on them and kept good records.
- The consultant psychiatrist delivered a holistic, recovery-oriented service. Alongside pharmaceutical treatment, suggestions included psychotherapy and consideration of familial relationships.
- The consultant psychiatrist involved patients in decisions about their care and provided good information about medicines and their side effects. The consultant also supported patients to lead healthier lives, for example, with a focus on sleep hygiene and lifestyle changes where appropriate.
- Patients reported that the care provided was excellent and exceeded their expectations. Patients felt listened to and involved in their care and treatment plans. Patients described being on 'an equal ground' when discussing care and treatment with the consultant psychiatrist, and all patients felt that the consultant was accessible when they needed to contact them.

Overall summary

- The number of patients on the consultant psychiatrist's caseload was well managed. The consultant did not keep a waiting list. Patients told us the service was flexible regarding appointments and appointments ran on time.
- The consultant psychiatrist led the service well. There were effective governance processes which ensured that the procedures relating to the work of the service ran smoothly. The consultant was focused on the needs of the patients receiving the care and was committed to the continuous improvement of the service.

Jemima Burnage

Director of Mental Health

Our inspection team

Our inspection team was led by a CQC inspector with a CQC Inspection Manager completing the team.

Background to Dr Todd Mitchell, Consultant Psychiatrist

The service is provided by Dr Todd Damon Mitchell.

Dr Todd Mitchell is registered at:

10 Harley Street

London

There is a website: <https://www.harleytherapy.co.uk/todd-mitchell.htm>

Dr Todd Mitchell provides a consultant-led outpatient service to assess, diagnose, and if necessary, treat adults for a range of psychiatric conditions such as anxiety, depression and post-traumatic stress disorder. It meets patients' needs by providing appropriate prescriptions, diagnoses, treatment plans, or referrals to other professionals.

Referrals were mostly received via self-referral on the Harley Therapy website, and by other Harley Therapy therapists or local consultant psychiatrists and psychologists. Patients are responsible for funding their treatment directly or through health insurance.

The service is registered to provide treatment of disease, disorder or injury, and diagnostic and screening procedures.

The service is open Tuesday, Wednesday and Thursday, from 9am to 2pm. Patients were seen remotely via online appointments. The provider also offered face to face appointments at 10 Harley Street, London W1G 9PF.

This was the first CQC inspection of this service.

At the time of the inspection, the service included one consultant psychiatrist, a remote medical administrative assistant and a payroll manager.

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 six patients who were using the service, our last telephone interview was on 6 September 2022.
- Reviewed 43 feedback forms from patients who were using the service
- Spoke with the consultant psychiatrist, the remote medical administrative assistant and payroll manager
- Reviewed seven patient care and treatment records
- Checked how prescription pads were managed and stored
- Reviewed information and documents relating to the operation and management of the service

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

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

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

Is it well-led?

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. There were appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The service had systems in place to safeguard children and vulnerable adults from abuse. The safeguarding policy had last been updated in January 2020. All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report safeguarding concerns. The service only assessed and treated adults over the age of 18.
- The provider carried out appropriate staff checks at the time of recruitment. The provider undertook enhanced Disclosure and Barring Service (DBS) checks in relation to new administrative staff. 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.
- The provider's landlord completed appropriate risk assessments for the premises. Appropriate fire safety arrangements were in place, fire equipment was serviced regularly, and a building fire risk assessment had been completed. Fire exits were clearly marked. The landlord ensured that equipment was maintained according to manufacturer's instructions. An automated external defibrillator (AED) was available in the main reception area in the event of an emergency.
- The premises where patients were seen were safe and clean. The main reception area, waiting rooms and consultant psychiatrist's room were well maintained, well-furnished and fit for purpose. There were no clinic rooms onsite, the consultant psychiatrist ensured physical health examinations were conducted by patients' GPs when needed.
- There was an effective system to manage infection prevention and control. The service had an infection control and Covid-19 policy in place. The building had hand sanitisers at the reception desk and within the clinician's room. Masks were available for adults.

Risks to patients

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

- Staff assessed and managed risks to patients and themselves well.
- There were clear processes in place for the consultant psychiatrist to gather information about an adult, to decide whether they could be safely managed within the service and what their risks were.
- The service had clear acceptance and exclusion criteria to ensure patients received safe treatments that met their needs. For example, the provider did not offer a service to patients with substance misuse issues.
- Patients' risks were assessed at the point of referral and at each appointment. If patients presented with risks that were outside the scope of practice to deal with, the consultant psychiatrist would signpost or refer them to other services based on their individual needs. The consultant psychiatrist obtained information on patients' presenting condition, medical history, current and historic risks, behaviours and, where appropriate, information from individual GPs (after seeking the consent of patients to do so) and other healthcare providers. The provider carried out a detailed mental health assessment.
- Care and treatment records detailed risk discussions that the consultant psychiatrist had with individual patients.
- The number of patients on the consultant psychiatrist's caseload was well managed to allow enough time to treat each patient. The consultant psychiatrist had access to operational and administrative support from their strategic partner (Harley Therapy) at 10 Harley Street, and their remote medical administrative assistant.

Are services safe?

- The consultant psychiatrist referred into other services and asked for second opinions when needed. For example, a patient had been referred with a request to treat alcohol addiction, which was beyond the scope of the provider's practice, and a referral was made to a local addictionologist.
- There were appropriate indemnity arrangements in place. Indemnity arrangements are insurance to cover the costs associated with something going wrong in the day-to-day undertaking of a professional's activities.

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. Patient records were stored securely in an online electronic system. Patient information sent to individual patients and GPs was encrypted with a password.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, patients could agree to share the full assessment record or a summary version with their GP.
- Staff recorded that they had obtained informed consent from patients prior to any treatment, and this was reviewed regularly.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, minimised risks.
- Care records contained appropriate information on medicines prescribed for individual patients. This included the length of supply. The consultant psychiatrist mostly used a secure electronic prescribing system. Prescriptions were sent to one of two pharmacies who then dispensed and delivered medicines to individual patients. Less frequently, the service posted signed prescription forms to patients at their home address. The preferred and safest options for patients to obtain a signed prescription form from their prescriber are either face to face during the consultation or collected on their behalf by a name representative at their nominated pharmacy.
- No medicines were stored on the premises. Although only authorised persons had access to the lockable consulting rooms at 10 Harley Street, they did not have locked cabinets to store prescription pads. According to the NHS Counter Fraud Guidance, prescription pads should be stored securely, at least in a locked cabinet within a lockable room or area. If this is not possible, the doctor should have completed a risk assessment to outline the risks and how they have mitigated them. Although, the consultant provided a verbal account which demonstrated how they mitigated potential risks, without a written risk assessment this mitigation did not apply. The medicines management policy or prescribing policy did not reference how prescription pads should be stored. This was raised during the inspection, and the consultant revised their medicines management policy to include details about how prescription pads (including controlled drug prescription pads) were stored and how risks of loss or misuse are mitigated. We did not find any evidence of misuse/incidents regarding prescription pads. The consultant psychiatrist always kept the prescription pad on their persons, and only authorised persons had access to the lockable rooms at 10 Harley Street.
- Staff uploaded copies of all prescriptions to the patient record, this included controlled drug prescriptions.
- Information on medicines and side effects was provided to all patients where medicines had been prescribed in line with legal requirements and current national guidance. Clinic letters detailed links to online leaflets and NHS websites to provide patients with information on medicines. Patients confirmed they were given clear information when their medicine was being titrated and felt involved in decisions made around their medicines. The consultant psychiatrist provided specific advice to patients about their medicines in a way they could understand. Patients said they had been informed about potential side-effects.

Are services safe?

- All patients said that they could raise any concerns about medicines and side-effects with the registered manager and consultant psychiatrist.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments and management plans in place to address any potential safety issues.
- The service had a good track record on safety. In the last 12 months, the service had no serious incidents or near misses. The service had clear systems in place for recording and acting on significant events.
- 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 was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- 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. For example, the consultant psychiatrist attended a monthly meeting with Harley Therapy senior management at 10 Harley Street, where they share information relating to any incidents.
- The consultant psychiatrist was aware of and complied with the requirements of the duty of candour and had a policy in place. The consultant psychiatrist operated a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Staff assessed patients' immediate and ongoing needs and delivered treatment and 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 consultant psychiatrist spoke about using NICE guidance to support a patient with lithium initiation.
- The consultant psychiatrist also offered pharmacogenetic testing, which was a non-invasive diagnostic screening tool (tissue sample via cheek swab) that provided information on genetic variability which can impact how an individual processes medicines at a cellular level.
- Patients' immediate and ongoing needs were fully assessed. The consultant psychiatrist completed a comprehensive, holistic and person-centred clinical, psychosocial and mental health assessment with each patient. All patients confirmed that the psychiatrist took time to understand their individual needs when offering a diagnosis and a plan of treatment. Patients told us that the care they received was person-centred.
- The service worked in partnership with patients' GPs, NHS and other relevant specialists to ensure patients' physical health was assessed and monitored. For example, we saw communication between the psychiatrist and specialists such as psychologists and endocrinologists in patients' care records. Where patients required diagnostic tests, these were arranged through individual GPs. For example, the consultant psychiatrist worked alongside a patient's GP during lithium initiation where the GP ensured necessary bloods were taken.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity

- The service had systems in place for clinical audit so that improvements could be made. For example, the consultant psychiatrist had recently checked charts for recording of consent, which demonstrated 100% had been documented.
- The consultant psychiatrist checked on patients' experiences of any side effects of medicines or other treatments provided to them and discussed with patients whether they wished to continue treatment or try alternatives.
- The consultant psychiatrist was part of professional networks, with other psychiatrists, psychotherapists and psychologists. For example, Harley Therapy Clinicians Network, Independent Doctors Federation, and Royal College of Psychiatrists. This gave the consultant psychiatrist the opportunity to meet with other professionals.

Effective staffing

The consultant had the skills, knowledge and experience to carry out their role

- The consultant was appropriately qualified to provide the care they did. Mandatory training included safeguarding of vulnerable adults and children level 2, equality, diversity and human rights, data security awareness, and resuscitation. The consultant psychiatrist was booked for basic life support training in September 2022.
- The consultant psychiatrist was registered with the General Medical Council (GMC) and was up to date with revalidation. The consultant completed annual appraisals once a year through an independent body. The consultant attended monthly peer review meetings with another psychiatrist to share case reviews.

Are services effective?

- The consultant psychiatrist had used technology to support patients effectively. This enabled them to move to remote delivery during the COVID-19 pandemic to ensure patients could still access the care and support they needed. At the time of the inspection, the provider could offer both face to face and remote appointments.

Coordinating patient care and information sharing

Staff worked work 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, psychologists, GPs, and endocrinologists.
- Before providing treatment, the consultant psychiatrist ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The psychiatrist told us that they would not provide care and treatment if this information was not available. The patient would be signposted to more suitable sources of treatment in these circumstances.
- 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. Where patients did not consent to their GP being contacted by the service, the consultant psychiatrist explained the potential risks associated with not sharing information and considered whether the service could offer safe care and treatment in these circumstances.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service monitored the process for seeking consent appropriately. The consultant psychiatrist carried out consent audits.

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 psychiatrist gave patients advice so they could self-care, such as information about sleep hygiene, anxiety reducing techniques and psycho-education on alcohol. The psychiatrist supported patients to recognise individual warning signs that their mental health was deteriorating.
- Risk factors were identified, highlighted to patients. For example, patients told us the consultant psychiatrist discussed the possible side effects of medicines with them.
- Where patients needs could not be met by the service, the consultant psychiatrist redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service had a consent form for remote consultations that informed patients of the potential benefits and potential risks of telepsychiatry, the alternatives to the use of telepsychiatry (face to face appointments or no treatment) and patient's rights. Patients told us there had been no issues with remote consultations.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff treated patients with compassion, kindness and valued them as partners in their care. Feedback from people who used the service was overwhelmingly positive about the way staff treated them. Patients told us that they felt listened to and involved in their care and treatment plans.
- The service sought feedback on the quality of clinical care patients received. We reviewed 29 responses which were mostly very positive, with 28 people agreeing that the consultant psychiatrist was either extremely or very polite and respectful of their privacy and dignity during assessment and treatment. We also reviewed unsolicited patient feedback between January 2021 and June 2022, which was very positive. Patients described the consultant psychiatrists as 'very kind, thorough and understanding' and 'provided excellent care'.
- The service gave patients timely support and information. Patients reported that the service was flexible, and they could book appointments with ease.

Involvement in decisions about care and treatment

The consultant psychiatrist helped patients to be involved in decisions about care and treatment.

- The service did not have a system in place to provide interpretation services for patients who did not have English as a first language. The consultant psychiatrist said that family members have supported consultations where a patient's first language is not English.
- Patients told us through interviews and feedback forms, that they felt listened to and supported by the consultant psychiatrist and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients told us that the consultant psychiatrist communicated with people in a way that they could understand, for example, explaining side effects of medicines.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

- The consultant psychiatrist recognised the importance of people's dignity and respect. All consultations were held in private. When online sessions took place, the consultant psychiatrist checked with the patient that there were no other persons in the room. All patients told us that they were treated with dignity, respect and kindness.

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 supported them accordingly. The service did not offer walk in appointments and did not operate on a 24-hour basis. Patients told us the medical administrative assistant responded promptly to any requests for appointments. Patients were made aware that the service did not offer emergency or crisis support, although patients had not been provided with specific information about which services to access for immediate support if needed. This was raised with the consultant psychiatrist during the inspection, who, with the support of the Harley Therapy practice manager, immediately implemented an out-of-hours telephone voicemail to direct patients should they require immediate support. Patients did not report that they at any point felt unsupported by the service.
- When the consultant psychiatrist was on planned annual leave, they were always available to advise patients on urgent issues that cannot wait for them to formally return to clinical duties. Patients told us that they were always able to contact the consultant psychiatrist if they needed to, whilst they were on leave. Other times, the consultant psychiatrist arranged coverage by a qualified psychiatric colleague.
- The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.
- The facilities and premises were appropriate for the services delivered. All areas were visibly clean, had spacious waiting areas and a receptionist. If patients had mobility issues and were not able to use the lift the service was able to book ground floor rooms within the building.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients told us waiting times, delays and cancellations were minimal and managed appropriately. The service did not have a waiting list at the time of the inspection.
- Patients reported that the appointment system was easy to use. Patients could make appointments either by calling the practice or sending an email. Patients reported they could usually arrange appointments for when it suited them. All patients confirmed the administration staff provided information about the costs of initial consultations and further treatments.
- Referrals and transfers to other services were undertaken in a timely way, for example, the consultant psychiatrist referred patients to an addictionologist when they were unable to support substance misuse issues.

Listening and learning from concerns and complaints

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

- Patients told us they were given information about how to make a complaint or raise concerns. Patients told us they felt comfortable and confident in raising concerns and complaints directly with the medical administrative assistant or consultant psychiatrist if they needed to do so.
- The service had not received any formal complaints in the last 12 months.

Are services responsive to people's needs?

- The service's standard complaint response informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service was able to learn lessons from individual concerns, complaints and from analysis of trends.

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 service was led by a consultant. The consultant psychiatrist was also the registered manager and registered provider for the service. The consultant psychiatrist worked closely with their strategic partner, Harley Therapy who were responsible for the operational aspects of the service as 10 Harley Street. They worked closely together to ensure that patients received a high quality, responsive and efficient service.
- The consultant psychiatrist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and addressed them appropriately.

Vision and strategy

The service had/did not have 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, which emphasised providing a high-quality outpatient mental health service that was responsive, holistic and person-centred. There was a strong focus on collaborative working with individual patients.
- The consultant psychiatrist made changes to the service, where appropriate, to reflect the values. For example, during the pandemic, the consultant psychiatrist moved towards providing a virtual delivery model to minimise disruption to their working environment and meet the needs of patients.

Culture

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

- The consultant psychiatrist was proud to provide the service.
- The consultant psychiatrist focused on the needs of the patients.
- The consultant psychiatrist demonstrated openness, honesty and transparency. The consultant psychiatrist was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The consultant psychiatrist ensured they remained up to date with their practice. This included taking part in an annual appraisal. The annual appraisal included discussion of continued professional development and personal development plans.
- The consultant was supported to meet the requirements of professional revalidation. The consultant had protected time for professional development and evaluation of their clinical work through appraisals and peer reviews.
- The consultant psychiatrist was very aware of the risk of professional isolation due to the small size of the service, so they sought regular support from their professional networks and peer support group to mitigate this risk.
- There were positive relationships between the consultant psychiatrist, remote administrative medical assistant and the Harley Therapy team at 10 Harley Street.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The service held monthly team meetings.
- Staff were clear on their roles and responsibilities.
- The consultant psychiatrist had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The consultant psychiatrist had developed a range of policies including medicines management, serious untoward incidents, safeguarding and infection control, to support the safe and effective delivery of the services. Audits were reviewed annually.

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 consultant had a business continuity plan which had plans in place in case of unexpected issues within the service. For example, in the event of a loss of computer system, the business continuity plan had clear protocols on the steps that should be taken to manage corruption of software or hardware.
- The consultant psychiatrist maintained a risk register which monitored risks within the service. The consultant psychiatrist was aware of the risks and ensured controls and mitigations of risk were included. For example, professional isolation was identified as a risk. This was mitigated by regular collegial contact with collaborating clinicians 6-8 times annually, membership with professional networks, appointment as clinical consultant to the Harley Therapy leadership team.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The consultant psychiatrist 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 patients' identifiable data, records and data management systems. The consultant psychiatrist used encrypted systems to ensure data kept confidential and secure.

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 consultant psychiatrist encouraged the views and concerns of patients, colleagues and external partners and acted on them to shape services and culture. Patients told us they felt involved in their care and treatment and that staff valued their opinions.
- Patients could feedback on their experience of the service by completing an electronic feedback form. This was sent to them via an email link. We viewed the collated results which were overwhelmingly positive.

Continuous improvement and innovation

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

- There were systems to support improvement and innovation work within the service.

Are services well-led?

- The consultant psychiatrist was part of the Royal College of Psychiatrists' network who are the professional medical body responsible for supporting psychiatrists. The consultant psychiatrist took part in the network's continuing professional development programme.
- The consultant psychiatrist offered a new and emerging pharmaco-genetic test to patients, where appropriate. It was a non-invasive diagnostic screening tool (tissue sample via cheek swab) that provided information on genetic variability, which could be used to assess how individuals process medicines at a cellular level, with the aim to improve medicine efficacy.