National Migraine Centre

National Migraine Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 31 May 2018 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

National Migraine Centre is a charitable organisation that provides private and voluntary-funded medical services in the Royal Borough of Kensington and Chelsea in London. Services are provided to both adults and children. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner, including the prescribing of medicines.

We received feedback from 57 people about the service, including comment cards, all of which were highly positive about the service and indicated that patients were treated with kindness and respect. Staff were described as empathetic, caring, thorough and professional.

Our key findings were:

- There were arrangements in place to keep patients safe and safeguarded from abuse.
- Health and safety and premises risks were assessed and well-managed.
- There were safe systems for the management of medicines
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.

Summary of findings

- The premises were clean and hygienic.
- The service had systems for recording, acting on and improving when things went wrong, although it was not always clear whether all incidents were recorded.
- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- There was evidence of a range of quality improvement measures.
- Staff had the specialist skills and knowledge to deliver the service.
- Staff treated patients with kindness, respect, dignity and professionalism.
- Patients were able to book appointments when they needed them.
- The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the skills and capacity to deliver the service and provide high quality care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- There were clear governance arrangements for the running of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service asked staff and patients for feedback about the services they provided.
- The provider had a number of systems to enable learning, continuous improvement and innovation.

There were areas where the provider could make improvements and **should**:

- Review the systems for recognising, reporting, recording and acting on incidents and significant events.
- Monitor the system for reviewing, sharing and taking action on safety alerts.
- Monitor the system for assessing and managing risks related to infection control.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had policies and procedures in place to keep people safe and safeguard them from abuse.
- Staff were qualified for their roles and the provider completed essential recruitment checks.
- Health and safety and premises risks were assessed and well-managed.
- Systems were in place to ensure infection control was managed appropriately, although this required monitoring.
- The service had suitable arrangements for dealing with medical emergencies.
- The management of medicines including prescribing was safe.
- The service had a number of systems for recording, acting on and improving when things went wrong, although it was not always clear whether all incidents were recorded.
- A system for acting on medicines and safety alerts was implemented after the inspection.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- We found evidence of quality improvement measures including clinical audits and involvement in research.
- The service had clear communication arrangements with patients' GPs.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Lifestyle management advice was provided to patients and the wider community during consultations and via the internet and social media.
- Staff had the skills and knowledge to deliver the service and there was evidence of shared learning and peer support amongst the doctors.
- There was evidence of a comprehensive induction programme and structured appraisals for staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We received feedback from 57 patients including Care Quality Commission comment cards. Patients were highly positive about all aspects of the service provided.
- Patients reported staff were empathetic, caring and supportive. They said that they were given helpful, honest explanations and information about medical treatment and said their doctors listened to them.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The facilities and premises were appropriate for the services delivered.
- The provider utilised online and social media platforms to improve the service and meet patients' needs.
- Patients were able to get appointments when they needed them.

Summary of findings

- The service took patients views seriously. They responded to concerns and complaints quickly and constructively to improve the quality of care.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was an organisational structure and staff were aware of their roles and responsibilities.
- The service had arrangements to ensure the smooth running of the service.
- Regular staff meetings were held and there was evidence of clear communications with all staff.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was evidence of processes for managing issues and performance.
- There was evidence of quality improvement measures.
- The service encouraged feedback from patients and staff and this was used to monitor performance.
- There were a number of systems and processes for learning, continuous improvement and innovation.

National Migraine Centre

Detailed findings

Background to this inspection

National Migraine Centre is a charitable organisation that provides private and voluntary-funded medical services in the Royal Borough of Kensington and Chelsea in London, and treats both adults and children. The address of the registered provider is 226 Walmer Road, London W11 4ET. National Migraine Centre is registered with the Care Quality Commission to provide the regulated activity: treatment of disease, disorder or injury. Regulated activities are provided at one location.

The organisation is run by a board of eight directors. One of the directors is the Chair and the nominated individual for the provider. One of the directors is the Chief Executive of the organisation. The registered manager is one of the doctors leading the service. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is housed within leased premises on the ground floor. The premises consist of a patient waiting area, three doctors' consultation rooms, a quiet room, three patient toilets including one with disabled facilities and a staff office and meeting room. The service is open for pre-booked consultations on Thursday and Friday from 9am to 5pm. Reception and telephone opening hours are between 9am to 5pm, Monday to Friday.

Regulated services offered at National Migraine Centre include assessment and treatment of headache disorders including migraine. Treatments may include prescribing of medicines, lifestyle advice and modifications, Botox injections and greater occipital nerve blocks.

Since its inception in 1980, National Migraine Centre has treated over 52000 individual patients. There are approximately 50 patient appointments per week.

The staff consist of five part-time doctors. The clinical team is supported by the chief executive, an operations director, a clinic manager and an apprentice. There are also a number of volunteers that are recruited to assist with the development of the service on non-clinic days.

How we inspected the service:

Our inspection team on 31 May 2018 was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with two doctors.
- Spoke with the chief executive, operations director and the clinic manager.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback from 57 patients including CQC comment cards.

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?

Our findings

Safety systems and processes

The service had a number of systems to keep patients safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were available for safeguarding both children and adults and were accessible to all staff and these contained contact numbers for local safeguarding teams.
- Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. All staff had received up-to-date safeguarding childrens and adults training appropriate to their role.
- There had been one safeguarding concern which had been escalated to the patient's usual GP as no further action was required.
- The service carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing. We found that the recruitment processes including checks for volunteers were safe.
- Disclosure and Barring Service (DBS) checks were undertaken for all employed staff in line with the service's policy (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).
- A chaperone policy was in place for any consultation and staff who acted as chaperones had been appropriately trained for the role. Staff who acted as chaperones had received a DBS check.
- The premises were leased. The service had conducted safety risk assessments for the premises. Premises 'walk-arounds' were conducted three times a week, although the outcomes of these were not clearly recorded. There was a health and safety risk assessment which included an assessment of the control of substances hazardous to health (COSHH). We found on the inspection day that the health and safety risk assessments had not identified risks related to blind loop cords in two clinical rooms and the quiet room, however the service assessed this on the day of the inspection and put actions in place to mitigate any risks to patients.
- The provider had evidence that legionella risk had been assessed and managed, and that asbestos risk for the premises had been assessed. Electrical installation checks of the premises had been conducted.
- There was evidence that a range of electrical equipment had been tested for safety, and portable equipment had been tested and calibrated appropriately.
- There were some arrangements to manage infection prevention and control. There was an infection control policy in place and there were systems for safely managing healthcare waste, including sharps. The clinic appeared clean and hygienic and there were suitable cleaning arrangements for the environment, although there was no agreed system for cleaning clinical equipment. The provider had not undertaken an infection control audit for the service, but there was evidence that some measures had been taken to improve infection control processes, such as obtaining hand sanitiser gel for clinical rooms and re-locating the sharps bins out of reach. There was evidence that staff had undertaken infection control training. The provider shared an infection control audit and action plan shortly following the inspection.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service did not employ locum doctors or temporary administrative staff; cover was arranged using existing staff members and volunteers where appropriate.
- We found that there was an effective and thorough induction system for all new staff. This was tailored to their role and induction checklists were not completed.
- The service had a lone working policy in place and risks had been assessed. Staff confirmed there were always two staff members working during opening hours.
- The service had evidence of professional indemnity and employers and public liability insurance.
- There were suitable arrangements for managing fire risk in the premises. A fire policy outlined the arrangements in place. A fire risk assessment had been undertaken and actions completed such as re-locating the oxygen cylinder in the clinic. There was evidence of regular fire

drills and fire safety equipment had been appropriately maintained. All staff had received training in fire safety at induction and there was evidence that update training was provided.

- There was a procedure in place for managing medical emergencies and there was a quiet room dedicated for the use of unwell patients. The provider told us due to the nature of patients seen, this room could be regularly used when patients were suffering from symptoms associated with migraine. All doctors had completed training in emergency resuscitation and basic life support and administrative staff had training booked. Volunteers did not require training in basic life support as they worked at the service on non-clinic days.
- Emergency equipment including oxygen was available as described in recognised guidance. The provider did not provide a defibrillator for use in emergencies; they had undertaken a risk assessment outlining why this was not required.
- Appropriate emergency medicines were kept and a risk assessment outlined their decision making regarding which emergency medicines were required. Staff kept records of checks for medicines and equipment to make sure these were within their expiry dates, and in working order.
- When there were changes to services or staff, the provider and registered managers assessed and monitored the impact on safety. The provider had a business continuity plan in place.

Information to deliver safe care and treatment

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

- Individual care records were written, managed and stored 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.
- There were no formal policies and processes for verifying a patients' identity, as the services provided were low risk. Identity details including GP details were recorded at registration; however due to routine communications with GPs and very infrequent and low risk prescribing, formal identity verification was not required in most instances.
- The service recorded identity information for adults accompanying child patients.
- GP contact details were consistently taken on registration, and reports were produced routinely after each consultation and a copy provided to the patient and their GP.
- We saw examples where the service communicated with GPs if they identified red flags or safeguarding concerns.

Safe and appropriate use of medicines

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

- There were effective systems for managing medicines, including prescribing and storing of medicines. Appropriate checks were undertaken for medical gases, emergency medicines and emergency equipment to minimise risks.
- The provider undertook weekly checks for Botox stored in the refrigerator, and there was evidence that the temperatures had occasionally been at 1 degrees, out of the recommended 2-8 degrees Celsius range. The provider had contacted the manufacturer who reported very minimal risk to the product with a small variation in storage temperature. Following the inspection, the provider commenced daily checks of the refrigerator temperature.
- The service did not provide regular prescriptions; reports were provided to GPs containing details of recommended medicines where required. In the rare instance that a prescription was required, private prescriptions were written and scanned onto patient records. Where 'off-label' medicines were prescribed, patients were fully informed about benefits and risks. ('Off-label' means the medicine is being used in a way that is different to that described in the product licence.)
- The service did not prescribe high risk medicines or controlled drugs that required close monitoring
- Some medicines were administered on the premises including Botox and nerve blocks for treatment of migraine and headache disorders. Protocols were in place to ensure safety of these procedures.
- Doctors administered and prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

- There was evidence comprehensive risk assessments for the premises were in place in relation to safety issues.

Are services safe?

- The service monitored and reviewed activity through a variety of meetings including those with the board. This helped it to understand risks and led to safety improvements.

Lessons learned and improvements made

There was evidence that the service learned and made improvements when things went wrong.

- There was a serious incident reporting policy for the service, however the provider told us that no serious incidents had occurred.
- Staff told us they would report any concerns to the chief executive and operations director and leaders and managers supported them when they did so, however there was no policy or procedure for staff to follow for reporting, recording and acting on a range of significant events and incidents.
- There was evidence that the provider was taking action and making improvements when things went wrong and there was evidence that some incidents were reported through a variety of mechanisms, although not all incidents were recorded.
- The doctors undertook case discussions where there were clinical concerns and we saw examples of these. The provider also had a log of premises issues and concerns and there was evidence of action taken. Since the service had moved into the current premises in January 2017, there had been a number of premises incidents that had been addressed such as failure of the boiler and the automatic front sliding door.
- The provider also gathered information from patient feedback and produced a concerns log. There was evidence that the provider had identified issues and had put actions in place following concerns. For example, patients had commented on making the environment more 'migraine friendly' with regards to the lighting. There was evidence that the service were engaging with external partners to ensure the most appropriate lighting could be provided to improve comfort for patients.
- The service learned and shared lessons with all staff, identified themes and took action to improve safety; improvements made were discussed in staff meetings and board meetings.
- The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. The provider was aware of and complied with the requirements of the Duty of Candour, although there was no policy in place. This was implemented immediately following the inspection.
- When there were unexpected or unintended safety incidents the service told us they would give affected people reasonable support, truthful information and a verbal and written apology.
- The service did not have a system for receiving and acting on safety alerts, however staff we spoke to were able to recall safety alerts. As all clinical staff also worked in the NHS, the provider assumed staff had access to recent safety alerts. Immediately after the inspection the provider implemented a system to ensure safety alerts were reviewed, actioned and shared with all clinical staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service provided specialist medical consultations and treatment for headache disorders including migraine and cluster headaches. Treatments included lifestyle advice and management, use of Botox and greater occipital nerve blocks and non-invasive vagus nerve stimulation treatment. We spoke with two doctors and reviewed four records. From evidence we saw, the service carried out assessments and treatment that were clearly in line with relevant and current evidence based guidance and standards including NICE and BASH (British Association for the Study of Headache guidance.

All the records reviewed were clear, accurate and contained adequate information regarding assessments and treatments. The service routinely produced reports after each consultation that were provided to the patient and the patient's GP. All patients had an agreed patient-centred management plan. Online patient information and migraine fact sheets were available. The doctors advised patients what to do if their condition got worse and where to seek further help and support.

We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider had a structured programme of quality improvement activity to monitor the medical services provided, including clinical audit. The provider had conducted an audit of greater occipital nerve block procedure and contraceptive advice and management. The service had also conduct records audits and audits of Botox consent.

The service also continuously monitored quality of care and treatment through a review of significant case discussions, complaints, concerns and online feedback.

There was evidence of other measures to monitor and improve the quality of the service provided through the participation in research. The provider was involved with the Chronic Headache Education and Self-management Study (CHESS) which focussed on a self-management support programme for people living with chronic headache.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The service had an induction programme and staff handbook for clinical and administrative staff containing comprehensive details about the service's systems and processes. Induction arrangements included topics such as safeguarding, fire safety, infection control, confidentiality and health and safety were covered as part of the induction programme. Induction checklists were kept.
- There was evidence that all staff had undertaken basic life support training or training had been booked. All staff had received training in safeguarding children and adults. Not all staff had undertaken training in data protection. [MC1]
- There was evidence that medical staff attended a number of conferences and training courses relevant to their roles. An administrative staff member involved with the research trial had undertaken an course to provide them with additional skills to support this.
- Doctors' appraisals were up to date and all had been revalidated by the General Medical Council (GMC). All doctors received an internal appraisal annually, with a doctor who was a director on the board, in addition to their annual appraisal required by the GMC. Administrative staff received a structured annual appraisal.
- The provider had structured the clinic days for two days per week so that more than one doctor was working on the same day so there were opportunities for shared learning and peer support. There was evidence of this occurring when significant case discussions were held.
- All staff were members of an instant text messaging group, allowing sharing of latest articles and research that were relevant to the service.
- There was evidence that the doctors were involved with provision of training to external medical colleagues and the submission of journal articles in relation to migraine and headache disorders.

Coordinating patient care and information sharing

We found that the service had effective systems in place for coordinating patient care and sharing information as and when required.

Are services effective?

(for example, treatment is effective)

- There were formal lines of communication with a patient's GP and the GP contact details were consistently taken on registration. The service provided written reports after each consultation which were shared with patients and patients' GPs.
- We saw examples where the service communicated with GPs if they identified red flags or safeguarding concerns.
- The service did not take blood tests or have any requirements for handling incoming and outgoing communications with a laboratory.

Supporting patients to live healthier lives

The doctors told us that lifestyle advice and management was a central approach utilised by the service. There was evidence of comprehensive lifestyle advice and management in consultation reports and patient-centred treatment plans and migraine diaries were used. Contraceptive advice and management was also discussed where relevant.

The service was actively involved in utilising social media and online platforms to educate patients and the wider headache community. There was evidence of a recent live video on a social media site, discussing lifestyle and migraine which had been viewed by 6193 people by the time of the inspection. One of the doctors had developed a health and fitness blog with a primary focus on headache and migraine. The service also used social media to share relevant links to research and recent journal articles.

Consent to care and treatment

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- The service's consent policy included information about the Mental Capacity Act 2005.
- The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions, however due to the self-management nature of the service, adults who were unable to make informed decisions rarely accessed the clinic.
- Staff were aware of the consent requirements when treating young people under 16. Staff described that patients under 16 were always accompanied by a responsible adult.
- The doctors understood the importance of obtaining and recording patients' consent to treatment, information about treatment options and the risks and benefits of these so they could make informed decisions.
- Written consent was obtained for two medical procedures offered and this was in line with General Medical Council (GMC) guidance.
- Records audits were undertaken which monitored the process for seeking consent.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect, dignity and professionalism.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Patients commented positively that staff were empathetic, caring and kind.
- We saw that staff treated patients respectfully in the waiting area and over the telephone.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room.
- We observed treatment rooms to be spacious, clean and private.
- We received feedback from 57 patients including Care Quality Commission comment cards. All comments were highly positive about the service experienced. Patients described the service as outstanding, professional, accommodating and thorough. Patients particularly felt that they were given time and listened to. We received a number of comments from patients reporting that the service had substantially improved their quality of life.
- There was evidence that the service prioritised patient care; the chief executive ensured they were patient-facing on clinic days, in order to support those visiting the clinic and to gather feedback from patients directly. Patients reported that they found this informative and welcoming.
- Patient feedback was analysed quarterly; this showed that over the last three quarters, 99.2%, 99.3% and 100% were either likely or highly likely to recommend the service.
- The service actively reviewed online feedback. The majority of comments were very positive, with the service scoring 4.7 stars out of 5 on one online social network platform.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their treatment.

- The service gave patients clear information to help them make informed choices.
- The service's website provided patients with information about migraine and headache management.
- Patients reported that staff listened to them, did not rush them and discussed options for treatment.
- Patients particularly commented that they felt the doctors were very knowledgeable and that the person-centred care and holistic management plans were high beneficial.
- The service had procedures in place to ensure patients could be involved in decisions about their care and treatment:
  - Where needed, patients were advised ahead of their appointments to bring a suitable interpreter/family member. The clinic were able to provide longer appointments to accommodate this.
  - Staff used written communication including email booking to support patients with hearing difficulties and pop-up messages on the electronic record and booking system alerted staff where patients had additional needs.

Privacy and Dignity

The staff respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' privacy and dignity when taking telephone calls or speaking with patients.
- Staff could offer patients a private room to discuss their needs and there was a quiet room if patients became unwell.
- We observed treatment rooms to be spacious, clean and private.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the General Data Protection Regulation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The service organised and delivered services to meet patients' needs and expectations.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments for patients with disabilities. The service had re-located within the last 18 months to a ground floor premises with disabled access.
- Where required, patients were advised ahead of their appointment to bring someone to act as an interpreter.
- The website contained comprehensive information regarding the services offered and how to make donations.
- There was evidence that the service used their website and a range of online platforms to actively engage and educate the migraine and headache community. For example, in April 2018 they provided a 'lifestyle and migraine' live video on a social networking site. One of the doctors developed a health and fitness blog with a primary focus on headache and migraine.
- Longer visits were accommodated where required, for example those with additional needs or communication barriers.
- Patients had a choice of booking with a male or female doctor.

Timely access to the service

The service had an efficient appointment system to respond to patients' needs.

- Doctors were available two days per week. Clinical hours were between 9am and 5pm Thursday and Friday. Reception hours were 9am to 5pm, Monday to Friday.
- Patients were normally referred by their GP or they were able to self-refer.
- All appointments were pre-bookable; we saw that the next available appointment was in six clinic days. Appointments could be booked on the telephone or online.
- Out of hours, patients were directed to their GP and the NHS 111 services if this was indicated.
- Feedback from 57 patients including CQC comment cards showed that patients were satisfied with access to appointments and there were no patient concerns with appointment delays. However the provider had recognised that the clinic had run late on several occasions and put measures in place to improve this.

Listening and learning from concerns and complaints

The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaints policy providing guidance to staff on how to handle a complaint and complaints information was available for patients.
- The chief executive and operations director were responsible for receiving and handling complaints.
- Written complaints were recorded onto a central log. The service had received one written complaint over the previous 12 months.
- We looked at the complaint received. This showed the service responded appropriately and in a timely way and there was evidence they discussed the outcome with staff to share learning and improve the service. For example, the patient felt that there was not enough information provided about the side effects of a medicine. The service updated their medical letter template provided patients and GPs, with an amended footnote containing links to further information about medicines risks and side effects.
- Information was available about organisations patients could contact if not satisfied with the way the service dealt with their concerns.
- The chief executive spoke with patients on clinic days to gather patient feedback. The provider used this feedback, quarterly patient feedback forms and online feedback to identify any trends in relation to patient concerns.
- The provider told us that where the clinic had been running late on a number of occasions, hey had increased the flexibility of appointment slots and improved communications with patients and doctors regarding timekeeping.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

Leaders had the skills and capacity to deliver the service and provide high quality care.

- Leadership was provided by the board which consisted of eight directors. One of the directors was the chief executive of the organisation.
- Day to day management of the service was provided by the operations director and the clinic manager.
- The managers and leaders provided effective leadership which prioritised high quality care. They worked cohesively to address the business challenges in relation to performance of the service and oversight of risks.
- The leaders and managers were visible and approachable. The chief executive was patient-facing and worked closely with the doctors, the operations director and the clinic manager.
- Staff reported that since the chief executive had been in post, communications between staff and the board were more effective.

Vision and strategy

The service had a clear vision to deliver high quality and accessible care and treatment.

- There was a mission statement and staff were aware of this.
- The service aimed to 'support the migraine and headache community' by focussing on self-management, education and research.
- There was a comprehensive business plan and strategy with clear objectives for the development of the service.

Culture

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

- All staff told us that the leaders were focussed on patient care; they prioritised high quality care and safety.
- Staff stated they felt highly respected, supported and valued. They were proud to work in the service.
- Staff told us there was an open, no blame culture at the service. They said that the leaders encouraged them to raise any issues and felt confident they could do this.
- Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This was demonstrated when responding to incidents and complaints. A Duty of Candour policy was not in place; however this was implemented immediately after the inspection.
- There was evidence that all staff worked as a team and dealt with issues professionally.
- There were processes for providing staff with the development they needed. This included one to one meetings and appraisals for all staff, including doctors. Staff were encouraged to attend external conferences and events and to share learning and ideas as a team.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The leaders and managers took time to review staff feedback as well as focusing on staff development.

Governance arrangements

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

- Staff knew the management and governance arrangements and their roles and responsibilities.
- The service had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.
- Governance of the organisation was monitored and addressed during quarterly board meetings, which all staff were now invited to attend.
- Administrative meetings occurred weekly between the chief executive, operations director, clinic manager and apprentice.
- Staff meetings were held quarterly or more frequently if required, where all clinical and non-clinical staff were invited. These allowed for clear dissemination of information including complaints, patient feedback and changes to systems and processes. Staff were also emailed regularly with any changes.
- The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information, although not all staff had undertaken training in information governance.

Managing risks, issues and performance

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

There was evidence of processes for managing risks, issues and performance.

- There were systems to identify, understand, monitor and address health and safety risks and had effective oversight of risks relating to the premises.
- The service had systems to manage major incidents and had a business continuity plan to support this.
- Concerns and complaints were well-managed; there were clear systems for acting on concerns, making changes and sharing these with staff.
- There was a number of systems for recording incidents and there was evidence improvements had been made, however the system for incident reporting was not clear.
- There were clear systems to ensure staff had received appropriate induction and safety training to cover the scope of their work.
- There was evidence of clinical and procedural audits to improve and address quality. Quality was also monitored via complaints, concerns and patient feedback.

Appropriate and accurate information

The service had process in place to act on appropriate and accurate information.

- The service had systems in place which ensured patients' data remained confidential and secured at all times.
- Data protection training had been carried out by some staff members, however the provider was in the process of updating this to ensure it met requirements.
- The service used information from a range of sources including financial information, concerns, complaints and patient feedback to ensure and improve performance.
- The provider used online platforms and social media to educate patients and gather feedback.
- The provider submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The provider had systems to involve patients, the public, staff and external partners to improve the service delivered.

- The service encouraged feedback from patients. Feedback was gathered via online social media platforms, via the provider's website and via feedback forms and verbal comments from patients. Feedback was analysed quarterly and shared with staff and the board.
- Patient feedback showed that over the last three quarters, 99.2%, 99.3% and 100% were either likely or highly likely to recommend the service.
- The majority of online feedback was very positive, with the service scoring 4.7 stars out of 5 on one social network platform.
- Improvements made from feedback included adjustments to the appointment system and timekeeping arrangements, on-going investigations into improving lighting and making the premises 'migraine friendly'.
- The provider had clear systems for engaging with staff. There was evidence that staff feedback was listened to and acted on during staff meetings and appraisals.

Continuous improvement and innovation

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

- The provider showed a commitment to learning and improving the service and valued the contributions made to the team by individual members of staff.
- The service was unique as it provided voluntary-funded specialised medical services for patients with migraine and headache disorders. Patients were able to access this specialist care and treatment either via their GP or they could self-refer. Many patients reported the service had considerably improved their quality of life.
- There was evidence that the service used their website and a range of online platforms to actively engage and educate the migraine and headache community. For example, in April 2018 they provided a 'lifestyle and migraine' live video on a social networking site. One of the doctors developed a health and fitness blog with a primary focus on headache and migraine.
- The provider was involved with the Chronic Headache Education and Self-management Study (CHESS) which focussed on a self-management support programme for people living with chronic headache.
- There was evidence that the doctors had contributed to a number of education events for both health care professionals and patients and had submitted articles for publication in health journals.