

Expert TMS Limited

Inspection report

Oakwood House
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WA3 6WP
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Date of inspection visit: 08 August 2022
Date of publication: 21/09/2022

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 was the first inspection of this service

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 Optimise Healthcare Group Cheshire Clinic (formerly Expert TMS Limited). This was the first inspection of this service.

The service offers a range of treatments including transcranial magnetic stimulation to treat a number of mental health problems.

The managing director 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.

One person provided feedback about the service; they were present during the inspection. The patient spoke highly of the service, stating that they felt the service was effective, friendly, and that the treatment they were receiving worked.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service would work with other agencies to support patients and protect them from neglect and abuse.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The systems and arrangements for managing medicines, controlled drugs, and equipment minimised risks.
- The provider had systems to keep clinicians up to date with current evidence-based practice.
- Patients received coordinated and person-centred care.
- The provider had risk assessed the treatments they offered.
- Feedback from patients was positive about the way staff treat people.
- Staff recognised the importance of people's dignity and respect.
- The provider understood the needs of their patients and improved services in response to those needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The service had a complaint policy and procedures in place.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There was evidence of systems and processes for learning, continuous improvement and innovation.

Overall summary

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

- The electronic record system should allow staff to easily identify relevant documents for viewing

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a specialist advisor. The team comprised two inspectors.

Background to Expert TMS Limited

Optimise Healthcare Group (formerly Expert TMS Limited) operate a service in Cheshire, one of three services run by the provider. The location is Oakwood House, Taylor Business Park, Risley, Croft, Warrington, WA3 6WP. The service is registered to work within the regulated activity of treatment of disease, disorder or injury. The service offers treatments such as transcranial magnetic stimulation for migraine, transcranial magnetic stimulation for other mental health problems, esketamine nasal spray, psychological therapy, maintenance treatment (to maintain any benefit from transcranial magnetic stimulation treatment), psychiatric pharmacogenetic tests, and specialist psychiatric assessments and medication reviews.

The service offers treatments for children aged from four years to 12 years:

- Psychiatric Assessment and Diagnosis
- Psychological Therapies
- Psychotropic Medications

Services Provided for Patients Aged 13-18;

- Psychiatric Assessment and Diagnosis
- Psychological Therapies
- Psychotropic Medications
- Transcranial Magnetic Stimulation (TMS) for Treatment Resistant Depression (TRD)

Services Provided for Patients Aged 18+

- Psychiatric Assessment and Diagnosis
- Psychological Therapies
- Psychotropic Medications
- Transcranial Magnetic Stimulation (TMS)
- Esketamine Nasal Spray

Referrals would be accepted from;

- GPs
- Psychiatrists (NHS and Private)
- CMHTs
- Other professional persons
- Self-referral
- Insurance companies

The provider website can be found here:

<https://www.optimisehealthcaregroup.co.uk/>

The Cheshire clinic was the only site inspected at this time.

How we inspected this service

The service was inspected by two inspectors. Prior to the inspection, a provider information request was sent to the service, the information requested was received within five days of the inspection. The information related to key lines of enquiry that are followed during a comprehensive inspection.

During the inspection we:

- Toured the service.
- Spoke with all staff present.
- We reviewed three care records.
- We reviewed one completed staff induction template.
- We reviewed the controlled drugs register.
- We reviewed two staff records.
- We attended one business/risk meeting.
- We spoke with one patient attending the service during the inspection.
- We received two comment cards.
- Reviewed patient feedback about 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. These were noted in records viewed at the service. 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. Safeguarding training for staff was at level three for both adults and children.
- The service had systems in place to ensure that an adult accompanying a child had parental authority. Children from the age of four years could be seen at the clinic for certain types of treatment. For attention deficit hyperactivity disorder treatment, there was a clear charted pathway to be followed that was available to all staff, outlining all aspects of contact from referral to treatment, including contacts and consent requirements. The service had created a booklet that was given to each patient, clearly outlining the treatment pathway.
- The service would work with other agencies to support patients and protect them from neglect and abuse. At the time of inspection, the service had referred one patient to a safeguarding hub. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff had received training to identify all types of abuse.
- 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. (Disclosure and Barring Service 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 service had a recruitment policy and procedure. We reviewed two staff records and saw that the procedure had been followed and Disclosure and Barring Service checks had been completed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The training matrix for the service reflected this. Staff who acted as chaperones were trained for the role and had received a DBS check. However, the service required no clothing removal, and the need for chaperones was limited.
- There was an effective system to manage infection prevention and control. We reviewed records and audits and saw that infection prevention and control was in place. During the inspection we saw staff using sanitising gels and cleaning equipment and the surrounding area.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The company who provided the specialised equipment were contracted to ensure that regular checks and maintenance were carried out, and records showed this was happening. There were systems for safely managing healthcare waste. Sharps bins were provided and dated correctly.

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 nature of the service meant that staffing levels were often one to one.
- There was an effective induction system for staff. We saw the template used for all new staff at the service and reviewed one completed induction form. The completed induction outlined any extra training that was required or felt would be of benefit to staff.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. As an outpatient service, staff were trained in first aid and knew to contact emergency services in the event of an incident.

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. We reviewed three sets of care records. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However, the naming convention within the electronic recording system was not clear, each entry only relating to the name of the staff member who entered it. As such, in order to find relevant documentation, staff had to go through each entry to find the document they were looking for. The registered manager told us that they had spoken with the service that provided the electronic system and they were looking into getting it changed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. If a patient did not agree to sharing information about prescribed medication with the GP of the patient, then no medication would be prescribed. The service was aware that GPs needed to know exactly what medication was being prescribed in order to help avoid possible adverse effects when multiple medications were being administered and taken.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. The business continuity plan for the service outlined all eventualities that prevented the service operating as normal.

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, controlled drugs, and equipment minimised risks. The only medication at the service was esketamine, a Schedule two drug, and it was stored in a locked, appropriate controlled drug cupboard. The medication was only stored for individual patients, not as a stock, and was provided as and when a patient required it. Recording was checked and noted as being correct. The medication was supplied by a medical pharmacy. The correct prescription was used to prescribe the medication. Blood tests were taken for each patient before administration, as there was evidence that the medication could cause a blood abnormality if not monitored.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- At the time of the inspection, the service had not had a serious safety incident.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The service had an accidents and incidents reporting policy and procedure, reviewed in June 2022. At the time of the inspection, there had been no accidents or incidents to report.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had a duty of candour policy. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. We were told that patient safety update alerts were received, and those relating to the service would be disseminated to staff via email and in team meetings. The team meeting minutes we reviewed from July 2022 did not have any alerts mentioned, however the minutes did explore the raising of concerns by staff and the procedure to follow.

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 needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. This was evident from care records.
- Clinicians had enough information to make or confirm a diagnosis. Patient referral information was thorough and recorded in care records.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Depending upon the treatment being provided, patients were offered the opportunity to return for further treatment should they feel the initial treatment was not having the same effect after a period of time. We saw this in patient care records, where patients had requested further access to treatment to maintain their level of mental health stability. Data provided by the service indicated that 100% of their patients were happy with the treatment they received, with 84% of those who gave feedback being patients, and 16% were family members.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. This was reflected in key performance indicators that were used to guide improvement. The service also made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Audits completed included documentation audits, care plan audits, controlled drug audits, and data audit of rating scales.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. We saw an induction template for use with staff, as well as a completed induction template. A review of two personnel files showed that all relevant steps had been taken to ensure staff were capable and trained to complete their role.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation. A review of staff registration details provided by the service confirmed registration.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Mandatory training was completed by all staff and was monitored. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service that provided the equipment for the service also offered all pertinent training to ensure that staff could operate the equipment safely and competently. All staff at the service took part in the training.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw that GPs of patients were kept up to date with treatments and medication prescribed. If a patient refused to share information with their GP, medication would not be prescribed.
- 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. Care records showed a full assessment and consideration of patient medical history.
- 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. Consent was apparent at all levels of treatment, evidenced in care records.
- The provider had risk assessed the treatments they offered. The National Institute for health and Clinical Evidence (NICE) published guidance about repetitive transcranial magnetic stimulation for the treatment of depression, migraine and obsessive-compulsive disorder. Much of the guidance dated back to 2014 or 2015, stating that services using transcranial magnetic stimulation should gather as much evidence as possible to confirm efficacy. The most recent recommendations relating to transcranial magnetic stimulation for obsessive compulsive disorder (dated August 2020) stated that the safety of the treatment raised no major safety concerns. The service could access data information and research showing efficacy of the treatment, as well as the reports from their own patients post treatment.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. All patient information was stored electronically with only relevant staff allowed access.
- The service had a business continuity plan, formulated in March 2022 by the provider. The continuity plan was comprehensive, outlining the actions to be taken in case of an emergency, the actions being divided in a practical, balanced format. This could be accessed by staff at the service if required.
- The service monitored the process for seeking consent appropriately. There was evidence of documentation auditing, this included consent.

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 patient needs could not be met by the service, staff signposted them to the appropriate service for their needs. The assessment process for acceptance to the service was comprehensive and considerate. The service would not admit an inappropriate client to their case list.

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. Consent was noted in the three sets of care records that were reviewed.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated/ did not treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received

We were provided with the feedback data for the service and saw that 100% of patients were happy with their treatment. All patients believed their treatment to have been effective.

- Feedback from patients was positive about the way staff treat people. 100% of patients were positive that their treatment at the service was respectful, dignified, and felt confident that their details and privacy were respected and secure. Surveys were offered to patients after every appointment.
- The service gave patients timely support and information. There was information on all treatments both on the service website and in leaflet form at the service, the documents answering relevant questions that patients might raise.

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. The service staff stated that, should it be required, an interpreter service could be accessed. At the time of inspection of the new service, there had been no requirement to use an interpretation service.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. We saw evidence of family involvement. We spoke with a patient at the service, they were complimentary in every way about the service, and felt that their treatment and involvement in that treatment could not have been better.
- Staff communicated with people in a way that they could understand. We saw staff interact with a patient, staff were clearly knowledgeable and able to describe what was going to happen in a manner that was easily understood.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. This was proven by patient survey results submitted, showing 100% of patients felt respected during their treatment at the service.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Whilst not a large service, there was available space for private conversation with patients.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. We attended a business/risk meeting during the inspection, and saw staff considering the needs of patients, including a discussion on the newly developed pathway for patients being diagnosed with attention deficit hyperactivity disorder.
- The facilities and premises were appropriate for the services delivered. The facilities were very clean, good use of space, the entry to the service was secure, there was closed circuit television (no sound recording capacity) throughout the service.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was on one floor, so patients with poor mobility could access the service for treatment without the need to exert themselves.

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. As most of the patients were seen privately, it was in the best interest of the service to ensure a rapid referral to assessment to treatment timeline. At the time of the inspection, there had been only one patient treated and paid for by the national health service. Blood tests were taken when prescribing esketamine, and results had to be in before prescribing could take place, requiring rapid turnaround.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw no evidence of delays or cancellations on the part of the service during the inspection.
- Patients reported that the appointment system was easy to use. A patient we spoke to during the inspection told us they had a referral from a private GP to the service, they were assessed, and treatments started very quickly after the assessment. The patient had a very high opinion of both the service and the staff. The service was amenable to staying open to accommodate patients who could not make an appointment in the working day.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. However, the service had received no complaints since its registration.
- The service had a complaint policy and procedures in place.

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. The registered manager and a consultant at the service were interviewed, they were very knowledgeable and were able to convey that knowledge in a confident, easy manner.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke to were positive about the relationships between management and other staff, speaking highly of the registered manager and the clinicians at the service. We saw good interaction between staff and management during the inspection in both a general way and during a business meeting.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The service had recently recruited a new staff member who would be applying for the post of registered manager at the service, allowing the current registered manager to pursue other roles within the service. The current registered manager stated that they had leadership training opportunities.

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. We discussed the mission statement for the service with the registered manager, they were able to outline the aims of the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff told us they knew the mission statement for the service and were able to discuss this during interview.
- The service monitored progress against delivery of the strategy. Key performance indicators and audits, matched against the feedback from patients and their families, allowed monitoring of the effectiveness of their strategy.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. This was reflected in the feedback from patients at the service.
- Leaders and managers told us they would act on behaviour and performance inconsistent with the vision and values. The clinical governance policy for the service clearly outlined actions to be taken to manage performance issues. However, they had not had any such performance or behavioural issues at the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The service had a duty of candour policy and procedure, and staff were aware of how to access and apply the policy.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet

Are services well-led?

the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Staff told us that supervision was regular at the service, for both clinical and non-clinical staff. Annual appraisals were to be undertaken when due.

- There was a strong emphasis on the safety and well-being of all staff. The accident and incident reporting policy at the service clearly stated that, in the case of an incident, the immediate priority was the safety of the staff and patients.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. We saw an open and transparent culture during the inspection, staff and senior management clearly had a positive working arrangement. This was also evident in the business meeting we attended during the inspection.

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 clinical governance policy for the service was very clear in outlining processes for good governance. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. We saw in the business continuity plan for the service the level of reliance on joint-working arrangements and shared services, ranging from GPs to the team that provided the equipment and training for the service to function effectively and safely.
- Staff were clear on their roles and accountabilities. Staff were able to talk us through their roles and what was expected of them. Their training allowed for staff to be able to cover for each other during leave periods or if needed.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The service provided the inspection team with relevant policies and information both in the provider information request data and during the inspection.
- The service used performance information, which was reported and monitored, and management and staff were held to account. The service provided the inspection team with key performance indicator data and analysis.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. We saw that data protection was being followed at the service.

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 accident and incident policy outlined the requirements should an incident occur and stated the requirement to contact and inform the Care Quality Commission should any person who used the service be adversely affected in their health, welfare or 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. This was reflected in care records viewed during inspection. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. The incident policy outlined all relevant actions to take in the event of a major incident.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information. We attended a business/risk meeting during the inspection and noted the level of discussion and staff input.

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. A patient we spoke to during the inspection told us how the service listened to their comments, and how effective their treatment had been. Patient feedback data showed no negative issues being raised.
- Staff could describe to us the systems in place to give feedback. After every session, patients were encouraged to give feedback on their experience. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. This was evident in minutes from a staff meeting in July 2022.
- The service sponsored a local football team, helping the local community, and had links with local mental health charities to try to provide low cost assessments for patients.

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. This was emphasised in the clinical governance policy for the service. There was a mandatory training matrix of electronic learning, and the service had a policy of staff taking any training that they believed could be of use in the service.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. We saw that external incidents that might be deemed relevant were shared with staff.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. There was a clinical multi-disciplinary team meeting every Tuesday where risk could be discussed for the patients due in for treatment.

There were systems to support improvement and innovation work. Every patient who attended the service was given a psychological formulation by the service psychologist, if they wanted it. The service had been nominated for an innovation in business award, to be decided in November 2022. The service was involved in research work, having submitted two abstracts to be included in a conference in September 2022, as well as being submitted to an annual electro-convulsive therapy conference.