

# Mental Health and Well Being Services

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

# Overall summary

This service is rated as Good overall. The previous inspection was carried out on 22 October 2018 and the service was not rated.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Mental Health and Well Being Services as part of our inspection programme. Mental Health and Well Being Services provides a variety of mental health assessments and treatment for private patients and a specialised NHS commissioned service for adults with Attention Deficit Hyperactivity Disorder (ADHD). The service also provides consultations and treatments for children from the age of eight years old.

Dr Wasi Mohamad 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.

A total of 24 people provided feedback about the service. One patient and one carer attended the inspection, 18 shared their opinions through comment cards completed before our inspection. Four patients shared their experience through the CQC's website. All feedback received was positive and complimentary of the service received.

## Our key findings were:

- The service was responsive to meet the needs of the individuals who used the service and were delivered in a way to ensure flexibility and continuity of care. People could access the service at a time that suited them, with additional appointments offered out of hours.
- The service used telecommunication applications to provide video appointments and consultations for those patients who were unable to attend a clinic or appointment, to increase patient access to the service.

- Patients and carers that we spoke with and feedback received through comment cards and the CQC website were extremely positive about the service they received.
- Patients and their carers told us that they felt listened to and worked in collaboration with the service in regard to their care.
- The service had not received any complaints since it's opening.
- All staff received regular supervision and appraisals.
- There was good record keeping and a very high standard of overarching governance of the service.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

We saw the following outstanding practice:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The registered manager of the service inspired and motivated staff to succeed in their roles and for the service to deliver exceptional patient care. The continuing development of staff skills, competence and knowledge was recognised as integral in providing high quality care.
- There was a strong, person-centred culture. Staff were highly motivated to offer care that was kind and promoted dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued and promoted by the registered manager.
- Patients' immediate and ongoing needs were very fully assessed. This holistic assessment recognised social and physical health risks alongside mental health needs.
- The registered manager drove continuous improvement and there was a proactive approach to seeking out and embedding new treatments, such as the introduction of repetitive Transcranial Magnetic Stimulation (rTMS) therapy, as an additional model of care.
- Positive outcomes for patients were identified by service evaluation for the Attention Deficit Hyperactivity Disorder (ADHD) service through recognised outcome measures.

## Dr Kevin Cleary

Deputy Chief Inspector of Hospitals (Hospitals - Mental Health)

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a CQC Inspection Manager and a specialist adviser consultant psychiatrist.

## Background to Mental Health and Well Being Services

The Mental Health and Well Being Service is a standalone service that is run by Mental Health and Well Being Services Ltd.

The service address is:

Building 2 Charlesworth Court,

Off Knights Way,

Battlefield Enterprise Park,

Shrewsbury,

SY1 3AB

The service was led by the registered manager who is a consultant psychiatrist. He was supported by another consultant psychiatrist with practicing privileges, a consultant psychotherapist, three nurse non-medical prescribers and a health and psychology practitioner. The clinical team are supported by administrative staff who manage appointments and are the first point of contact for new referrals to the service.

A number of clinics are held at a satellite location led by the nurse prescribers at the Malinslee Medical Practice in Telford, for those individuals commissioned for the ADHD service by the NHS. This site was not visited as part of this inspection.

The service is open Monday to Friday 9am-5pm. However, there are additional appointments available during evenings and weekends to meet the needs of patients. All appointments must be pre-booked.

The service is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

### How we inspected this service

We carried out an announced comprehensive inspection at Mental Health and Well Being Services on 30 October 2019. Before visiting the service, we reviewed a range of information we hold about the service. Prior to the inspection we reviewed any notifications received, and the information provided from the pre-inspection information request.

During our visit we:

- Spoke with the registered manager, health and psychology practitioner, psychotherapist and two administration staff.
- Looked at the equipment and rooms used by the service.
- Reviewed 10 case records, three personnel files, clinical policies, minutes of meetings and other policies.

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 service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including those with practising privileges. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. There were clear policies in place that identified who to go to for further guidance and were easily accessible to all staff through a shared database.
- The service worked with patients GP's and other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw evidence that safeguarding was discussed at clinical governance meetings and actions discussed.
- The service 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. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. There were few physical examinations and no clinical waste was generated. There were handwashing posters displayed in toilet areas.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. An audit was in place to monitor the safety and cleanliness of the environment and calibration of equipment.
- The service carried out appropriate environmental risk assessments, which took into account the profile of

people using the service and those who may be accompanying them, including the risk of potential ligature points. There were alarms in each interview room which staff on site responded to.

### 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. This was discussed through clinical governance meetings and reviewed in line with patient need.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received training in emergency resuscitation and life support that was updated on a yearly basis. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover potential liabilities.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance.

### Safe and appropriate use of medicines

#### The service did not dispense or store medicines.

- The service kept prescription stationery securely and monitored its use. There was an effective system in place for prescribers to sign prescription pads in and out and a safe process for the ordering of new pads and the destroying of useable pads.

## Are services safe?

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance and evidence. For each medication prescribed there was a consent form detailing the particular profile of the medicine, its benefits and side effects. Staff kept accurate records of medicines and where required, monitored the physical health of patients to identify any unwanted effects.

### Track record on safety and incidents

#### The service had a good safety record.

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

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There 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.
- 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, through regular clinical governance and staff meetings.
- The service was aware of and recognised the requirements of the Duty of Candour. There had been no incidents requiring Duty of Candour contact within the last 12 months. The service 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.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The service 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).**

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines for Attention Deficit Hyperactivity Disorder (ADHD). NICE guidance on the treatment of depression supported the use of repetitive Transcranial Magnetic Stimulation (rTMS) therapy and this treatment was delivered in line with the recommendations of the Royal College of Psychiatrists.
- Each patient received a comprehensive assessment to establish individual needs and preferences. This included an up-to-date medical history and a risk assessment.
- The service was innovative and had introduced repetitive Transcranial Magnetic Stimulation (rTMS) therapy to support the needs of those patients who would not benefit from medicines and other physical interventions for mood disorders. The introduction of this treatment was supported by a clear set of protocols to ensure safe use. Physical health screening was in place to ensure the suitability of patients to receive this treatment. Validated psychometric tools were being used to monitor patient outcomes.
- Patients' immediate and ongoing needs were very fully assessed. This holistic assessment recognised social and physical health risks alongside mental health needs. For example, physical health screening was in place for Attention Deficit Hyperactivity Disorder (ADHD) patients and was monitored on a regular basis. Interventions were also available to address issues of self-esteem and improve relationships.
- Clinicians had enough information to make or confirm a diagnosis. The service used the recognised and validated Conners Adult ADHD Rating Scales (CAARS) tool on assessment. This was also used as an outcome tool to determine the effectiveness of treatment in alleviating symptoms.

- We saw no evidence of discrimination when making care and treatment decisions. The service treated patients across a broad age range from eight years old to over 70.
- The service used telecommunication applications to provide video appointments and consultations for those patients who were unable to attend a clinic or appointment, to increase patient access to the service. Confirmation of patient identity was sought at the beginning of each video appointment.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. Patient outcomes were monitored using recognised rating scales and audits to monitor the effectiveness of treatment. The service had completed an evaluation on its commissioned Attention Deficit Hyperactivity Disorder (ADHD) service to assess the effectiveness of treatment. The evaluation was based on the Conners Adult ADHD Rating Scales (CAARS) tools and demonstrated a significant reduction in scores from initial assessment to post intervention, indicating an improvement in the Attention Deficit Hyperactivity Disorder (ADHD) traits experienced. Additionally, information was collected on the patients quality of life and demonstrated an increase in quality of life after contact with the service. For example, a number of patients who were unemployed before their treatment, were in employment or education after their treatment.
- Patient feedback was actively sought and there was a suggestions and a feedback box located in the waiting area for patient comments. These were recorded, along with any comments or feedback received by email or telephone. Comments were shared with the team and discussed at staff meetings.
- Staff ensured that routine monitoring of blood pressure and blood tests relating to prescribing methylphenidate was in place for ADHD and had effective protocols in place to share information with the patient's GP.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was an audit plan that had been agreed at clinical governance meetings. There were monthly audits on casenotes, infection control, prescriptions, cleaning and



# Are services effective?

the Attention Deficit Hyperactivity Disorder (ADHD) service, including information such as waiting times and appointment attendance. Any actions from audits were discussed at clinical governance meetings, or at an earlier point if required.

## Effective staffing

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

- The continuing development of staff skills, competence and knowledge was recognised as integral in providing high quality care. All staff were supported to acquire new skills and share good practice. For example, the registered manager and psychotherapist had attended a conference to present their publication on prescribing in Attention Deficit Hyperactivity Disorder (ADHD) services with comorbid bipolar spectrum disorders.
- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and registrations were up to date. The service supported staff in meeting the needs of revalidation.
- The learning needs of staff were identified through supervision, appraisal and staff meetings. Staff had access to suitable training and could attend additional training to meet their learning needs and roles and responsibilities within the service. For example, training was scheduled for Autistic Diagnosis Interview, Reviewed (ADI-R) to support staff with autism spectrum disorder assessments.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The health and psychology practitioner was due to begin a masters course in psychotherapy to support the wider service. Staff were encouraged to attend conferences and other events to support their personal development.
- Staff received training in safeguarding, basic life support, information governance, mental capacity, fire safety and risk management. Staff had access to e-learning training through an online provider and face to face training.

- All staff received supervision and had received an appraisal within the last 12 months.

## Coordinating patient care and information sharing

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

- Regular multi-disciplinary staff meetings were held to discuss new referrals and treatment plans. Staff worked together to develop holistic care plans that reflected the range of treatments available within the service.
- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. There was a shared care protocol in place with the GP for the sharing of patient information. The service had effective relationships with local crisis and home treatment teams to support those patients that had comorbid mental health conditions.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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. Detailed summary letters were provided to the patients GP following each contact, including any information regarding treatment or changes to medicines, in line with the shared care protocol. Patients were copied into all letters sent to their GP.
- The service had risk assessed the treatments they offered. For example, the latest repetitive Transcranial Magnetic Stimulation (rTMS) therapy had a small risk of seizures, which staff had been adequately trained in how to deal with, should the situation arise. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with General Medical Council guidance.
- Patient information was shared appropriately (this included when patients moved to other professional

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services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. We saw evidence in patient records of staff advising a patient to monitor their blood pressure from home, as attending appointments increased their anxiety and increased their blood pressure. The record demonstrated that the patient was pleased with this strategy to manage their anxiety and blood pressure.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Staff told us that they had good relationships with local crisis and home treatment teams to provide additional support for patients whose mental health condition had deteriorated.

- Where patients needs could not be met by the service, staff 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. We saw evidence of consent to medicines in patient records for each medicine prescribed.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Where the patient was under the age of 16 years old, a child or young person, we saw evidence that Gillick competency was assessed and further parental consent sought if the child or young person was not deemed competent.
- The service monitored the process for seeking consent appropriately through their case note audit on a monthly basis.



# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. Feedback from patients and carers was wholly positive about the way that staff treated people. The CQC website had received four feedback reviews. We received 18 comment cards and spoke with two individuals during the inspection, one patient and one carer. A number of comments referenced how safe, comfortable and listened to they felt. Five comment cards referenced how their contact with the service and treatment received had changed their life.
- Feedback from patients was very positive about the way staff treated people. Patient feedback highlighted the registered manager as compassionate and caring, and identified administrative staff as also providing care and support.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Timely support and information was given to patients. There was detailed information available in advance of any treatment to help prepare patients for their first appointments.

### **Involvement in decisions about care and treatment**

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

- We saw evidence of patients involvement in their care and treatment documented in patient records.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help the widest range of patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw evidence in clinical records of discussions with patients around medicines, side effects and alternative treatments.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Consultation and treatment room doors were closed during consultations and the door was marked as meeting in progress; conversations that were taking place could not be overheard in these rooms.
- Staff recognised the importance of people's dignity and respect and complied with the General Data Protection Regulations (GDPR, 2018).
- Confidential information was stored safely electronically or locked securely in filing cabinets.
- Chaperones could be arranged upon patients request that were fully trained and risk assessed.

# 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 service understood the needs of their patients and improved services in response to those needs. For example, a patient was receiving treatment and during their assessment, other conditions became apparent and the psychotherapist at the service was able to offer an additional therapy to support their treatment as a whole.
- The facilities and premises were appropriate for the services delivered. There was a waiting area with facilities to make drinks and there were enough consultations rooms available.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The building had disabled access with consultation rooms on the ground floor and a lift to the first floor. The service provided dedicated parking at the front of 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.
- Waiting times, delays and cancellations were minimal and managed appropriately and there was an audit in place to monitor this. Text message reminders were sent to patients regarding their appointment.

- Patients with the most urgent needs had their care and treatment prioritised. Additional clinics could be arranged to support urgent patient needs.
- Patients reported that the appointment system was easy to use. Patients could contact the service via telephone or via email and emails were responded to quickly.
- Referrals and transfers to other services were undertaken in a timely way. Once patients under the Attention Deficit Hyperactivity Disorder (ADHD) pathway had received an assessment and any further treatment, they were transferred back over to the care of their GP, through the shared care protocol.

## **Listening and learning from concerns and complaints**

**The service had not received any complaints, however had an appropriate procedure and policy in place indicating how to respond appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available to all patients and included details of how to raise any concerns with the CQC.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. Although the service had not received any complaints, lessons learnt from patient feedback would be discussed through clinical governance meetings to improve the quality of care.

# Are services well-led?

## We rated well-led as Outstanding because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The registered manager drove continuous improvement and there was a proactive approach to seeking out and embedding new treatments, such as the introduction of repetitive Transcranial Magnetic Stimulation (rTMS) therapy, as an additional model of care.
- There was a strong, person-centred culture. Staff were highly motivated to offer care that was kind and promoted dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued and promoted by the registered manager.

## Leadership capacity and capability

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

- The leadership drove continuous improvement and inspired and motivated staff to develop in their roles.
- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges of maintaining quality as the business grew and were addressing them. The service had been approached to provide an additional commissioned service for Autism Spectrum Disorder (ASD) and had begun to look at the training needed for staff and the recruitment of staff with experience in autism spectrum disorder.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff were highly motivated to offer care that was kind and promoted dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued and promoted by the registered manager.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. This was evident in the relationship between staff, patients, GP's and commissioners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- There were high levels of staff satisfaction reported though the staff survey. Staff felt respected, supported and valued and were proud to work for the service. There was a high level of staff engagement and communication, which staff valued.
- The service focused on the needs of patients, utilising patient feedback as a quality indicator.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that any issues raised 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 annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

- 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 management. Staff spoke very highly of the registered manager. The staff survey highlighted that the registered manager was supportive and encouraging and staff were involved in decisions about the service.

## Governance arrangements

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

- There was an overarching governance framework which supported the delivery of good quality care. There were clear structures, processes and systems in place that were clearly set out, understood and effective to support good governance and management. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There were regular clinical governance meetings which fed into regular staff meetings. There was a weekly Attention Deficit Hyperactivity Disorder (ADHD) multi-disciplinary team meeting to look at the caseload and appointments and clinics. There had been an away day for staff earlier in the year to support cohesion and communicate new ideas.
- Staff were clear on their roles and accountabilities within the service.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

**There were clear and effective clarity around processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

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

## Appropriate and accurate information

**The service acted on/did not have appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients to give indicators into quality.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

**The service involved patients, 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. There was regular feedback from patients and carers on the service received, which had been highly positive.
- There were 18 comment cards received and all were extremely positive about the service received.

## Are services well-led?

- There was evidence of liaison with external partners such as GP's and the local crisis team.
- Staff could describe to us the systems in place to give feedback. For example, through staff meetings or through the registered managers approachable manner. Staff felt able to provide any feedback to the registered manager. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

#### **There were evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. Staff from the service had attended a

conference in regard to the Attention Deficit Hyperactivity Disorder (ADHD) service and presented their findings. The service was responsive to staff training needs and provided any additional training required, such as for psychometric testing tools.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The registered manager drove continuous improvement and there was a proactive approach to seeking out and embedding new treatments, such as the introduction of repetitive Transcranial Magnetic Stimulation (rTMS) therapy, as an additional model of care.