

# The London Psychiatry Clinic

## Inspection report

55 Harley Street  
London  
W1G 8QR  
Tel: 02034888555

Date of inspection visit: 16 and 17 May 2022  
Date of publication: 21/07/2022

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.** (Never previously inspected before).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The London Psychiatry Clinic on 16 May and 17 May 2022 as part of our inspection programme. The provider has never been inspected before.

The London Psychiatry Clinic was registered in February 2021 and started providing clinical services in March 2021. The service provides a consultant-led outpatient service to assess and, if necessary, treat patients for a wide range of mental health and neurological conditions. The service provides neurology, psychology and psychiatry assessments and treatment.

The provider also works collaboratively with other expert providers (private and NHS) to provide multidisciplinary input for patients and their families.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. The London Psychiatry Clinic also provides a range of medicolegal services which are not within the scope of CQC registration. Therefore, we did not inspect or report on those services.

At the time of the inspection visit the location had a Registered Manager but they were on maternity leave. However, the newly appointed practice manager had submitted a Registered Manager application to CQC. 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.

The provider granted practicing privileges to or contracted with:

One neuropsychiatrist (the medical director)

Ten adult psychiatrists

Four child and adult psychiatrists

Five psychologists

One adult nutritionist

# Overall summary

One adult mental health nurse

The service also had a practice manager, operations manager, finance manager, administrative team leader, business support and development lead, seven medical secretaries and three other administrative staff.

We reviewed patient feedback from website reviews and provided directly to the provider from patients via email.

Patients and carers we spoke with told us they found the service easy to access, responsive and that they were treated with kindness, dignity and respect throughout their treatment journey.

## Our key findings were:

- Patients were supported respected and valued as individuals and were involved as partners in their care, practically and emotionally.
- The service was easy to access. Patients were able to access care and treatment within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of patient care.
- The service provided safe care. The service had clear systems to keep people safe and safeguarded from abuse. Staff appropriately assessed and managed risks to patient safety.
- The service controlled infection risk well. The premises were visibly clean.
- The service had enough staff with the right qualifications, skills, knowledge, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff developed holistic care and treatment plans informed by a comprehensive assessment in collaboration with patients.
- Care and treatment was planned and delivered in line with current legislation and best practice guidance produced by the National Institute for Health and Care Excellence (NICE) and met the needs of the patients.
- Leaders ensured that staff received training and appraisals. Staff worked well together for the benefit of patients.
- The service was well led, and the governance processes ensured that procedures relating to the service ran smoothly. There was a clear vision for improving the service and promoting good patient outcomes.
- The service had a robust audit programme which included audits on prescribing and clinical records. Audit outcomes were used to improve learning and patient experience.

However:

- The service did not have a robust system for checking clinicians' professional references prior to commencing work with patients. There was an overreliance on senior consultants internally to provide references for new clinicians rather than obtaining an independent reference from a previous employer.

We saw the following outstanding practice:

- The service had recently contracted an adult mental health nurse who was able to work directly with patients alongside the clinician to prevent admission to or support discharge from hospital.

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

- The service should implement a robust system to ensure that the appropriate checks on new and current employees are carried out and stored safely where they can be easily accessed and updated as needed.

# Overall summary

**Jemima Burnage**

Deputy Chief Inspector of Hospitals

## Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a medicines inspector. The team also included a CQC Inspection Manager.

## Background to The London Psychiatry Clinic

The service is provided by The London Psychiatry Clinic Ltd.

The London Psychiatry Clinic Ltd is registered at:

55 Harley Street,

London,

W1G 8QR

The provider is registered with the Care Quality Commission to provide the following regulated activities: treatment of disease, disorder or injury.

<https://londonpsychiatry.clinic/>

Opening times Monday to Friday 8am to 10pm.

### How we inspected this service

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

- toured the premises
- checked the safety, maintenance, and cleanliness of the premises
- spoke with five patients and four carers who were using the service
- spoke with the registered manager, two administration staff, six clinicians and the medical director
- reviewed four patient care and treatment records, two for young people under the age of 18 years and two for adults, under the care of four different psychiatrists
- reviewed staff employment records
- reviewed information and documents relating to the operation and management of the service.

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

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

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

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 and the provider's landlord completed appropriate safety risk assessments. Fire safety arrangements were in place, fire equipment was serviced regularly, and a building fire risk assessment had been completed.
- There was an effective system to manage infection prevention and control. The building cleaning and maintenance was managed by the landlord so records to confirm regular cleaning were not available at the inspection. However, the rooms we viewed were visibly clean.
- Regular legionella testing took place and all water outlets were flushed weekly.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff and contracted clinicians. Staff received safety information from the service as part of their induction and training. Policies were accessible to all staff. Policy documents outlined who to go to for further guidance.
- The service had policies and systems to safeguard children and vulnerable adults from abuse. Staff were aware of the need to work with other agencies to support and protect patients from neglect and abuse should a risk be identified.
- Staff had undertaken safeguarding training appropriate to their role and were able to discuss any concerns with the organisation's safeguarding lead who was the medical director.
- The service had a weekly multidisciplinary meeting (MDT) which was well attended and was a forum to discuss safeguarding concerns as well as complex cases.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Enhanced 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).

## **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 administration team booked and managed patient appointments for the individual clinicians.
- Consultants assessed patients' risks, including risk of suicide and self-harm and physical health risks from eating disorders, where relevant, and recorded this in their notes. Risks to patients were reviewed at every appointment.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, ECGs were carried out prior to certain medicines being prescribed.
- We reviewed the employment records for six consultant psychiatrists, a mental health nurse, a clinical psychologist, and an administrator. Records contained information to show that staff were suitable and safe to work with adults and young people. All clinical staff had completed an enhanced check with the disclosure and barring service.
- The service obtained proof of identity from prospective employees alongside a curriculum vitae, detailing their work history and experience. The service maintained records to show that clinicians were appropriately qualified.
- The service checked that clinicians were registered with the appropriate professional body, such as the General Medical Council, Nursing and Midwifery Council or Health and Care Professions Council. Consultant psychiatrists provided the service with a copy of their most recent annual appraisal.
- There were appropriate indemnity arrangements in place. Records showed that all clinicians, who required it, had current professional indemnity insurance.

# Are services safe?

- However, the service did not have a robust system for checking clinicians' professional references before starting work with patients. One consultant psychiatrist had started working in the service before written professional references were obtained. There was an overreliance on senior consultants internally to provide references for new clinicians rather than obtaining an independent reference from a previous employer. The manager of the service, who was new and in the process of applying to be the registered manager, said they would be improving systems to ensure that the appropriate checks on new and current employees were carried out and stored safely where they could be easily accessed and updated as needed.
- There was an effective induction system for agency staff tailored to their role. For example, the operations director took a lead role in staff induction for the medical secretaries. This involved setting them up on all the systems and a period of shadowing them running a clinic before it was handed over.

## 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 reviewed 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 guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks.
- The provider did not keep any prescriptions or medicines on the premises.
- Staff told us that their FP10 prescription pads were kept within a locked box and only the individual clinician had access to the key.
- The medical director carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. This included audits of prescriptions, including controlled drugs (CD) every six months.
- The service was aware of the CD accountable officer and had contact with them.
- Each clinician produced a clinical governance report to the medical director monthly. This report provided an overview of their clinic which included details on any adverse incidents as well as patient feedback.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children. This included checking a patient's identity when they first registered with the service by asking for proof of address. The patient's identity was checked again at the start of the clinical assessment through checking their identity document.

# Are services safe?

- Patient records showed that the reason for prescribing medicines was clearly recorded. Consultants explained possible side-effects of medicines to patients before prescribing them. They checked whether patients experienced side-effects at every consultation. Dosages of medicines were adjusted in response to feedback from patients. Scanned copies of prescriptions of controlled drugs used to treat attention deficit hyperactivity disorder (ADHD) were held in the patient electronic care record.

## Track record on safety and incidents

### The service had a good safety record.

- Staff completed comprehensive risk assessments in relation to safety issues. For example, the service had a risk register detailing the service's current potential risks with action plans in place to mitigate them.
- The service monitored and reviewed incidents actively. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

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

- The service had 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 appropriate systems for reviewing and investigating when things went wrong. For example, when a patient complained the doctor was too focused on medical treatment of their symptoms without considering non-medical interventions, this was investigated by the medical director and an apology offered as well as a clear explanation as to the individual clinician's reasoning behind the treatment plan.
- The service identified themes from incidents and complaints, learned and shared lessons, and took action to improve patient care in the service. For example, when a patient complained about a delay in response to their initial appointment query the investigation revealed missed opportunities to keep the patient informed about appointment times and lessons were shared with the wider team.
- The provider was aware of and complied with the requirements of the duty of candour (which is the professional responsibility to be honest with patients and carers when things go wrong) and all staff undertook training in this as part of their induction. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about and reporting notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service received alerts and updates on medicines via the Medicines and Healthcare products Regulatory Agency (MHRA). There was an effective mechanism in place to disseminate alerts to the clinicians.



# 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**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and national standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Consultants carried out detailed specialist assessments such as those for ADHD and autistic spectrum disorder (ASD). They used specialist assessment tools, such as the revised child anxiety and depression scale (RCADS) and the SNAP-IV, a widely-used rating scale to screen for ADHD.
- Initial assessments were comprehensive and holistic. Clinicians sent detailed letters to patients' GPs outlining their diagnosis of the problem, ongoing treatment including medicines prescribed, and recommended treatment plan. The rationale for treatments was explained. Recommendations for further treatment included detailed academic support, sleep hygiene techniques and psychotherapy.
- Clinicians asked GPs to organise physical health checks for patients including blood tests and an electrocardiogram, where this was appropriate. When young people were prescribed medicines to treat ADHD, their GP was asked to check their physical health every month. The results of tests were recorded.
- Records showed that consultants referred patients on to other specialists, including to clinical psychologists, when this was appropriate.
- Clinicians helped patients to set individual goals. For one patient their individual goals included returning to full time education. Patients told us that the care they received was person-centred.
- Records were kept of patients' consent to share information with other members of their family.
- We saw no evidence of discrimination when making care and treatment decisions. Patients with protected characteristics outlined in the Equality Act 2010 were treated fairly.
- The provider offered a remote service during the COVID-19 pandemic although patients could be seen face-to-face. Patients were routinely offered online video appointments.
- Records showed that clinicians worked collaboratively with patients' GPs. For two patients, their consultants asked their GP for a formal shared care agreement to enable the care and treatment for a specific health condition to be shared between the consultant psychiatrist and the patient's GP. The GP was asked to prescribe medicines as recommended by the consultant psychiatrist.
- Clinicians recorded ongoing progress and outcomes for patients. For example, one patient reported improved concentration and ability to focus after being prescribed medicines for ADHD.
- The service used technology to improve mental wellbeing with several evidence-based and innovative treatments which patients could trial at home. For example, an electrotherapy device used in the effective treatment of anxiety, insomnia, depression and pain management as well as a blood pressure monitor that used technology to record a patient's heart rate and blood pressure which produced a graph of data which could be shared directly with the clinician via a smartphone application.

## **Monitoring care and treatment**

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

- The service used information using completed audits about care and treatment to make improvements. For example, following a review of clinical correspondence in July 2021, a risk management plan template was introduced.

# Are services effective?

- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service had completed audits on a range of different clinical and administrative areas over the last 12 months. This included an audit of cardiac risk management in ADHD during COVID-19 restrictions, GDPR (General Data Protection Regulation) and patient consent, and clinical correspondence and responsiveness. All audits included action plans and review timetables.

## 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council and Nursing and Midwifery Council and were up-to-date with revalidation. Clinicians had extensive experience in their specialty.
- The provider understood the learning needs of staff and provided 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.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example GPs, psychologists, other clinicians and therapists.
- 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. Staff told us that they would not provide care and treatment where this information was not available.
- 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.
- The provider had risk assessed the treatments they offered. 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. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the provider had recently contracted a mental health nurse who worked with patients in crisis alongside the clinician to support them to remain safely in the community and where appropriate support with admission to hospital. We saw examples of patient feedback which said this intervention had directly prevented a hospital admission and another patient had been able to reduce their self-harm.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

# Are services effective?

**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, such as goals to improve sleep and exercise. Parents of young people told us they were given support and advice by the clinician to support them, this included signposting to relevant agencies.
- Where patient needs could not be met by the service, staff redirected them to an appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision as required by the Mental Capacity Act 2005.
- The service monitored the process for seeking consent appropriately. For example, through regular audit activity. For example, general data protection regulation (GDPR) and consent was audited in September 2021 and would be reviewed again in 12 months.

# Are services caring?

**We rated caring as Good because:**

**Patients were supported, treated with dignity and respect, and were involved as partners in their care.**

- Staff told us they actively sought patient feedback following each consultation to ensure high quality care and treatment and used this to measure performance against patient expectations and improve services. They did this by inviting patients to feedback directly via email or leave reviews on publicly accessible websites.
- Feedback from patients was overwhelmingly positive about the way staff treated people. All the patients and carers we spoke with told us they were treated with kindness, compassion and respect. Patients told us their care and treatment had exceeded their expectations. One parent of a young person with ADHD reported they mood had improved so much they were doing better at school and socialising with friends again.
- There was a strong, person-centred culture and staff were highly motivated to offer care that was kind and promoted people's dignity.
- Staff understood and recognised patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients. For example, when a patient presented with depression following a move to England for university. Through assessment the clinician identified they no longer had access to a church, faith leader and congregation. The clinician used his professional network to identify a local faith leader able to provide spiritual support. As a result, the patient's mental wellbeing improved without medical intervention.
- The service gave patients timely support and information. Patients said the service was flexible and they could book appointments easily. They told us staff responded to their questions quickly. For example, one patient said the clinician called them quickly to provide support and advice when they were experiencing a panic attack.
- The service had plans in place to introduce a patient and carer survey.

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

**Staff supported patients, their carers and families, to be involved in decisions about their care and treatment.**

- Patients told us that they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, one patient being treated for ADHD said they felt the clinician treating them was open to discussing all options, not just medication, to improve their quality of life.
- Staff showed determination and creativity to overcoming obstacles in delivering care. Patients' individual preferences and needs were reflected in how care was delivered. For example, one young person who had found it difficult to connect with other professionals, was supported to open up when the clinician accompanied them on bike rides and walks. This meant they were able to build a relationship which supported the therapeutic relationship.
- For patients with complex social needs the named clinician worked closely with the referring professional. Staff liaised with other professionals, for example community mental health teams and schools to support patients effectively. One patient said the clinician wrote to their school explaining their condition which had helped them get the right support.

## **Privacy and Dignity**

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

- Patients were always treated with dignity by all those involved in their care and treatment. Consideration of people's privacy and dignity was consistently embedded in everything that staff did.

## Are services caring?

- Staff recognised the importance of people's dignity and respect. Patients told us they were treated with dignity, kindness and respect. Patients said clinicians were kind, asked questions and took the time to really understand them which meant they felt treated as individuals. One patient said they never felt judged and the compassion the clinician had shown had allowed them to make significant progress in their recovery.
- Patients reported that they felt clinicians really cared for them and that they mattered. They said staff were good at enabling them to remain independent. For example, one patient reported the walks a clinician had supported them to do when they were in hospital had encouraged them to join a rambling and local wildlife group which supported their ongoing recovery.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Where patients were seen virtually, the clinician undertaking the appointment would check no one other than the patient was present. Where children were being seen they were accompanied by their parent / carer.

# 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. For example, they recruited more clinicians with child and adolescent mental health experience to meet increased demand.
- The provider was set up and designed to provide a telepsychiatry model which involved psychiatric assessment and care through telecommunications and videoconferencing. This meant it was more easily accessible for a range of different patients, including those who found accessing traditional in-person services challenging due to disability.
- The facilities and premises were appropriate for the services delivered. This included the provision of a wheelchair designed to fit into the building lift for patients with limited mobility.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Interpretation services were available for patients who did not have English as a first language. The provider's website provided information on multi-lingual staff who could provide treatment in a range of languages other than English. The provider's website had a dropdown menu box with different language options which, if selected, would show clinicians who could provide treatment in that language. Psychiatric consultations could be offered in nine different languages including English, Spanish, Arabic, French, Portuguese, Urdu, Hindi, Telugu and Catalan.
- The provider offered information on the site in different languages on request as well as spoken version, if required. The provider said they were working directly with web developers on a range of accessibility options for patients who were sight or hearing impaired although these were not in place at the time of the inspection visit. This included easy readability applications which would allow changes to be made to font size or text colour.

## **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. The provider did not offer walk-in appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately. Most clinicians were able to see patients within two weeks of their initial contact with the provider. The average waiting time for an adult clinician was two weeks and for a child and adolescent clinician the average wait time was five weeks.
- Staff worked as a team to ensure a quick response to all requests for appointments.
- Patients reported that the appointment system was easy to use. Appointments were made through the administrative team via email or telephone call. The registration process included a questionnaire administrative staff would complete with the patient which would flag up any risk issues which would be discussed with the medical director ahead of allocating the patient to a clinician.
- Referrals and transfers to other services were undertaken in a timely way. The service had a clear scope of practice and only accepted patients whose needs it could meet safely. The medical director said they would only accept patients if they were confident they could manage their care and treatment safely. They would exclude patients where the complexity could not be safely managed, or they were seeking expertise that they did not have.

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

# Are services responsive to people's needs?

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

- Information about how to make a complaint or raise concerns was available. All patients we spoke with said they would raise any concerns via an email or telephone call. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted to improve the quality of care. For example, one complaint highlighted the benefit of courtesy calls with patients prior to the new patient appointments to identify the patient's expectations of treatment. This was discussed within the wider team continual professional development meeting before service improvement changes were introduced.
- The service had received five complaints since it opened. They maintained a log for all complaints received and information regarding investigations was shared with the wider staff team through regular meetings.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were aware of internal and external factors that might impact on quality and safety in the future and were taking steps to plan for and address these. For example, there was a plan to improve the electronic patient record system so that patients could have access to their own records and could book appointments directly and in real time.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff we spoke with said the medical director and other leaders were approachable and responsive.

## **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. This strategy had immediate, annual and five-year goals.
- Staff were aware of and understood the vision, values and strategy and their role in achieving this.
- The service monitored progress against delivery of the strategy. This was measured monthly through the review of quality assurance indicators including feedback, risk management, resource management, training and evaluation of negative outcomes.

## **Culture**

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

- Staff said they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Complaint investigations we reviewed were open and honest with the complainant and this included offering an apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. All staff 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.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff told us they were able to seek second opinions and review diagnostic information with other clinicians at the service.



# Are services well-led?

## 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 service had a board of directors, including a medical director who each had their own areas of responsibility.
- The board met quarterly to discuss a range of issues such as quality, safety, complaints and patient feedback.
- Clinical governance meetings and management meetings happened monthly. We reviewed minutes of these meetings for the three months prior to our inspection visit and found clear discussion of clinical risks, training, complaints and incidents with action plans to share any lessons with the wider staff team.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account for any shortfalls.
- 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.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service had a risk register detailing the service's current potential risks with action plans in place to mitigate them.
- The service had processes to manage current and future performance. Performance of clinical staff was demonstrated through audit 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. This included an annual audit matrix.
- The provider had a business continuity plan in place.

## 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 to provide a holistic picture of how the service was performing overall.
- The service used performance information, which was reported and monitored, and management and staff were held to account for any shortfalls.

# Are services well-led?

- 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, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, one clinician shared with other clinicians an example of a well laid out assessment letter.
- Staff could describe to us the systems in place to give feedback. Staff told us they would report any potential issues with their line manager or the registered manager.
- Patients and carer experience was a standing item at the clinical governance meetings. For example, one patient complaint had highlighted the benefit of courtesy calls with patients before their first appointment to clarify hopes and expectations. This was discussed with the wider staff group in their monthly meeting with a view to starting this as a standard approach.
- Clinicians met regularly with their peers to discuss best practice in treatment approaches. For example, one director had set up an ADHD specialist peer group which they chaired, and which was attended by clinicians across private and NHS services. This was a forum to discuss complex cases and share learning and research.

## **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. The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, an incident involving a spam email virus from another service was shared with the wider staff team.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work through annual audit schedules, action plans and through discussion at the clinical governance meetings. For example, implementing systems to improve prescription delivery to patients and introducing a pilot using quick response codes so they can track when medicines have been dispensed.