

# Dr Shruthi Guruswamy (The Priory Hospital)

## 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 to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Shruthi Guruswamy (The Priory Hospital) as part of our inspection programme.

SG Psychiatry Limited provides independent doctor services specialising in adult mental health at three locations, The Priory Hospital is one of these locations. We inspected all three locations at the same time.

Dr Shruthi Guruswamy 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.

For this location we received feedback from four patients. In total, we received feedback from ten patients across the three locations. This was received from both telephone interviews and through CQC's online Give Feedback on Care form. All of the feedback we received was very positive, describing a caring, kind and professional service.

## **Our key findings were:**

- Patients reported staff were supportive, caring and helpful. They felt involved in decisions about their care and felt listened to.
- The service assessed patients' treatment needs holistically. Patients at risk of physical health problems linked to their mental health concerns or treatment had investigations or were referred to specialists.
- The service made timely referrals to a range of external services when needed to support patient's holistic recovery.

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

- The service should ensure its revised systems and processes support the timely referral of safeguarding concerns.
- The service should consider the training and development needs of the service's personal assistant to ensure she is able to carry out her duties safely and effectively.

# Overall summary

- The service should continue to review and update their policy and procedures around prescribing to ensure it complies with current GMC guidance. During the inspection we found parts of the service's medicine prescribing policy was lacking detail, for example, ensuring professionals have sufficient information to prescribe and what to consider before prescribing. We discussed this with the provider during the inspection and they have subsequently updated their medicines prescribing policy to reflect current GMC guidance.
- Leaders should ensure they have assurances and oversight of the performance of their service. Whilst the service completed audits into some areas of practice, they did not routinely audit clinician's consultations, prescribing and referral decisions.

## Our inspection team

Our inspection team was led by a CQC lead inspector with another two CQC inspectors completing the inspection team. The team were able to consult with a pharmacy inspector from the CQC medicines team.

## Background to Dr Shruthi Guruswamy (The Priory Hospital)

SG Psychiatry Limited is a service consisting of a single Consultant Psychiatrist; Dr Guruswamy, and their personal assistant. The service was first registered with CQC in 2016. Across the three locations, the service currently has around 300 active patients registered with them.

This service provides outpatient mental health assessment and treatment for adults. Dr Guruswamy specialises in the treatment of mental and behavioural disorders including addictions and adult Attention Deficit Hyperactivity Disorder (ADHD).

Since the COVID-19 pandemic, this service has been delivering all appointments via video conferencing platforms. Prior to the pandemic Dr Guruswamy saw patients face to face at this location. This service's operating hours are Monday to Thursday 7am to 4pm, and Friday 7am to 12pm.

The service is registered with CQC to undertake the following regulated activities:

- Treatment of Disease, Disorder or Injury

### How we inspected this service

We used CQC's interim methodology for monitoring services during the COVID-19 pandemic including on site and remote interactions.

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

- visited the premises where face to face services are provided
- spoke with Dr Guruswamy and their personal assistant
- received feedback from four patients
- reviewed five patient care and treatment 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 conducted safety risk assessments for patients, staff and the environment. There were appropriate safety policies in place which included a risk register, safeguarding policies and an infection and control policy. These were regularly reviewed and communicated to staff. These clearly outlined the steps that should be taken to safeguard children and vulnerable adults from abuse.
- The service worked with 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. Patients seen at the Priory location were referred to relevant safeguarding local authorities by the Priory's safeguarding team. Generally, this process worked well, however, through our review of case notes we found evidence of a delay of eight weeks in reporting one safeguarding concern to the local authority when raised through the Priory Hospital. During the inspection the service updated their safeguarding policy to include the protocols for raising concerns for patients seen at the different locations.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis. 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.
- Dr Guruswamy received up-to-date safeguarding and safety training appropriate to her role. She knew how to identify and report concerns. However, the service's personal assistant did not have training in children's safeguarding. Whilst this service was an adult only service, there may still be concerns raised in relation to children living or associating with patients, so it is important all staff had training in the appropriate processes for noting and reporting these concerns. The service had an adult safeguarding policy which stated all staff should complete online prevent training, however the service's personal assistant had not completed this training.
- There was an effective system to manage infection prevention and control. The building's landlords carried out infection control audits, as well as SG Psychiatry Limited conducting their own internal audit when they arrived on location.

## **Risks to patients**

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service had a medical emergencies policy for both face to face clinics and online appointments, which detailed the appropriate procedures for staff to follow.
- Patient's risk was assessed during appointments and recorded in clinic letters which were sent to the GP. As Dr Guruswamy is a lone female worker, she would risk assess patients before they were accepted onto her caseload. If a patient's needs could not be safely met by this service, Dr Guruswamy would discuss other more appropriate options

# Are services safe?

with the referrer, for example a community mental health team or inpatient support. Risk was continually assessed at each appointment as a patient's mental health could deteriorate. If a patient needed support outside of clinic hours they were encouraged to speak with their GP or emergency services, depending on the severity of the concern.

- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, the changes to the service to offer appointments remotely during the pandemic.
- 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 information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Care records were stored securely on an online electronic system.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, they communicated with other services also involved in the patient's care, such as GPs or therapists.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and evidence-based guidance. For example, we saw evidence of referrals to therapists for patients to access psychological support.

## 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 and controlled drugs minimised risks. The service had a medicines prescribing policy detailing the processes for prescribing; however, we found some areas needed to be reviewed and updated to ensure it reflects current General Medical Council (GMC) guidance. We discussed this with the provider during the inspection and they had subsequently updated their medicines prescribing policy to reflect current GMC guidance. The service kept prescription stationery securely and monitored its use. This service was made up of one doctor who was the only member of staff to prescribe medicines.
- The service completed an audit looking into the best treatment options for ADHD. However, the service did not carry out regular medication audits on a range of treatments to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). This was for the treatment of Adult ADHD and anxiety.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, the service should ensure it continues to review its current medicines prescribing policies

# Are services safe?

and procedures to ensure they reflect GMC's Good Practice in Prescribing and Managing Medicines and Devices guidance (2021). When we reviewed the service's initial policy it lacked details around prescribing medication without sufficient information to prescribe safely, including controlled drugs. We raised this with the provider during the inspection and they subsequently updated their medicines prescribing policy to reflect the latest GMC guidance.

- Staff kept accurate records of medicines. All treatments and prescribed medicines were detailed in GP letters. When a patient chooses to have their prescription sent via courier those prescriptions were uploaded onto their patient notes system. All other prescriptions were recorded on GP letters. When a patient was prescribed controlled drugs the prescription serial number and exact number of tablets provided was included in GP letters.
- On occasion this service prescribed medicines which were unlicensed or 'off label'. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional. Dr Guruswamy told us she ensured a discussion was held with patients where she explained the medication was being prescribed off label and obtained the patient's consent to proceed.
- There were effective protocols for verifying the identity of patients. The service required photographic ID to be provided and they saw patients via video call to confirm identity.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, the service had a risk register detailing the service's current potential risks and action plans.
- There had been no serious untoward incidents in the service in the previous year.

## 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. Managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned from incidents, shared lessons and took action to improve safety in the service. Whilst the service had these processes in place, they had not needed to use them due to no incidents occurring within the service in the last 12 months.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.
- 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 medication via the Medicines and Healthcare products Regulatory Agency (MHRA). Dr Guruswamy had an effective system in place to share alerts with her personal assistant as appropriate.

# 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)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the Royal College of Psychiatry guidelines when treating patients with ADHD.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis in most cases, however we saw an example in a patient's case notes where the patient had been given a diagnosis and treatment plan without a clear documented rationale.
- We saw no evidence of discrimination when making care and treatment decisions. Both Dr Guruswamy and the service's personal assistant had completed equality and diversity training within the last year.
- The provider had been offering a remote service. Patients accessed their appointment's via video link. The service offered support for patients to access online appointments, such as a session to run through the process of accessing links prior to the scheduled 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. The service made improvements through the use of completed audits and patient feedback. For example, Dr Guruswamy audited the outcomes for patients with ADHD and compared it to the treatment they were receiving. It was found those clients who were offered a full multi-disciplinary team (MDT) approach made the best progress. This information was then used to inform future patient care. Dr Guruswamy had ensured she explained the benefits of MDT support and referred patients to psychologists and ADHD coaches where this was appropriate. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the service introduced appointment text reminders following an audit looking into non-attendance at clinics.

## **Effective staffing**

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

- This service was made up of one Psychiatrist and one personal assistant.
- All staff were appropriately qualified. The provider had an induction process for all newly appointed staff.



# Are services effective?

- Dr Guruswamy was registered with the GMC and was up to date with her revalidation.
- 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. It was however noted the service's personal assistant had not had training in some service specific areas such as how to respond to patient calls and queries, and how to respond to major incidents.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date. For example, Dr Guruswamy reported she found courses through the GMC and the British Association of Psychopharmacology to stay up to date.

## 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, dietitians and drug and alcohol rehabilitation units.
- Before providing treatment, Dr Guruswamy ensured she 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. For example, a cardiologist when there were concerns of a heart condition prior to prescribing medication for ADHD.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. This was done at the beginning of their treatment and reviewed throughout follow up sessions.
- The provider had risk assessed the treatments they offered. Following discussions with the service during the inspection, they updated their medicines prescribing policy. They had now 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. 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 service liaised with patient's GPs, therapists, or inpatient services to plan an admission to hospital when required.
- 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 was a clear and effective arrangement 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.**

# Are services effective?

- Where appropriate, staff gave people advice so they could self-care. We saw evidence of discussions around sleep hygiene, diet and mindfulness activities.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, if a patient reported any heart concerns, Dr Guruswamy followed this up with their GP for testing prior to prescribing ADHD medication, as this medication is contraindicated for those with a heart condition.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, to a Community Mental Health Team, or when a patient was severely unwell, they were referred to an inpatient unit

## 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. Information related to capacity and consent was recorded in routine letters sent to a patients GP.

# 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 through patient questionnaires. The service's personal assistant sent out questionnaires to five to ten patients per month.
- Feedback from the four patients we spoke to was positive about the way staff treated people. Staff were described as kind, caring and professional. Patients reported they would recommend this service to their family and friends.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. A patient commented they preferred that they were able to be seen by a female Psychiatrist.
- The service gave patients timely support and information. Patients reported the ease and flexibility in booking their appointments at times which suited them.

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

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

- Interpretation services could be sought for patients who did not have English as a first language. Where a patient spoke another language, they were told about other multi-lingual services who may be able to support them more effectively. If a patient wanted to be seen by Dr Guruswamy, the service would seek an appropriate interpreter. Information was provided via weblinks, these could then be translated via internet services or easily enlarged.
- Patients told us they felt listened to and supported by staff. Patients felt they had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Dr Guruswamy ensured she asks patients if they would like a copy of their GP letter at each appointment. However, we found clinic letters were not routinely sent to patients following their appointments. Dr Guruswamy reported patients often decline copies of these letters. Dr Guruswamy told us she ensured a clear explanation of a patient's treatment plan and risk management plan was provided to all patients during their clinical appointment. She also ensured each patient was given time to ask questions so there was clarity about the plan going forward. Patients we spoke to agreed they were given clear explanations on their treatment plans, and two patients confirmed they had been offered letters.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- If patients wanted to discuss sensitive issues or appeared distressed, they were offered a private appointment to discuss their needs.

## Are services caring?

- Staff asked patients for their consent in relation to information sharing. This was clearly documented in their records. For example, it was noted if a patient did or did not wish for a particular family member to be involved in their care.

# 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, following patient feedback the service ensured they spent more time discussing medication and treatment options during sessions.
- The facilities and premises were appropriate for the services delivered. There were other premises available for patients to use, should this be required. Dr Guruswamy described situations where patients were seen at different locations for their treatment based on their nearest location to their home or workplace. They were also able to access appointments remotely through online platforms.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, since moving to remote appointments all patients had been able to access timely and flexible appointments when needed, without the need to travel to clinics.

## **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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service completed an audit looking into late cancellations and missed appointments. As a result, they began sending appointment reminders via text and had found this increased attendance at appointments.
- Patients with the most urgent needs had their care and treatment prioritised. These needs were identified based on referral information.
- Patients reported that the appointment system was easy to use. Appointments were either made during their last appointment with Dr Guruswamy, or through the service's personal assistant via email or phone call.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients commented being referred to services such as psychologists, dietitians and ASD specialists when needed.

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

**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 knew to contact the service to raise their concern via email or telephone call.

# Are services responsive to people's needs?

- The service had a complaints policy and procedure in place. The service learnt lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, Dr Guruswamy now ensured she fully explained the rationale for providing or not providing treatment for her patients, including the safety recommendations. This was in response to a complaint where Dr Guruswamy did not prescribe ADHD medication to a patient who was using alcohol, as this was a contraindication and a safety concern. Following a full discussion there was better understanding of the rationales and the complaint was resolved.
- The service's complaints policy stated further action available to patients should they not be satisfied with the response to their complaint.

# 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.**

- Dr Guruswamy was knowledgeable about issues and priorities relating to the quality and future of services. She understood the challenges and was addressing them. The service's main challenge related to the current pandemic and the change in their service delivery model.
- Leaders were visible and approachable. Dr Guruswamy worked closely with the service's personal assistant to ensure she prioritised compassionate and inclusive leadership.

## **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 had supporting business plans to achieve their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored its progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Dr Guruswamy acted on behaviours and performance inconsistent with the vision and values of her service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Due to the size of the service they had very few incidents and complaints. The provider was aware of and ensured 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 staff with the development they needed. This included staff receiving a regular annual appraisal and supervision. However, it was found the service's personal assistant had not received training in children's safeguarding. They had also not completed prevent training as set out in the service's adults safeguarding policy.

# Are services well-led?

- Dr Guruswamy attended two peer groups for supervision; one MDT peer support group and another for consultants. She discussed clinical cases as well as governance matters in these meetings.
- There was an emphasis on the safety and well-being of staff. Daily conversations were had between Dr Guruswamy and the service's personal assistant where they discussed clinical matters as well as well-being.
- The service actively promoted equality and diversity. Staff had received equality and diversity training within the last 12 months.
- There were positive relationships noted between staff.

## 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 governance and management of joint working arrangements promoted interactive and co-ordinated person-centred care. This service had a shared care agreement with the patient's GPs for those patients receiving treatment for ADHD.
- Staff were clear on their roles and accountabilities within the service.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.
- Leaders had oversight of safety alerts, incidents, and complaints. However, there was no evidence of audits looking into clinician's consultations, prescribing and referral decisions. This impacts on the service's ability to monitor its performance.
- Where the service did audit, this was found to have had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, text reminders aimed to increase appointment attendance and the service's audit which looked into best treatment options for patients with a diagnosis of ADHD.



# Are services well-led?

- The provider had plans in place to respond to major incidents, however the service's personal assistant had not been trained in how to manage these.

## **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 sufficient access to information. Meetings were had between Dr Guruswamy and the service's personal assistant, as well as meetings with external professionals, such as the consultant governance meetings at Priory hospital.

## **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 and staff. The service acted on them to shape services and culture. For example, through the patient satisfaction survey. A questionnaire was sent out to five to ten randomly chosen patients per months as part of their ongoing audit of care. One comment suggested they needed more information on what the service offers, Dr Guruswamy now ensured she spent time at the first appointment discussing the service's remits.
- Staff could describe to us the systems in place for them to give feedback. Dr Guruswamy had telephone contact with her personal assistant every day, with an extended meeting every Friday. Both reported these sessions were opportunities to provide feedback.

## **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, however due to the size of the service they received very few complaints or incidents. Learning was used to make improvements. For example, ensuring the service provided clear rationales for treatment plans, including where treatment was not advised.
- There were systems to support improvement and innovation work, for example, through routine audits and collecting patient feedback.