

Priory Wellbeing Centre-Harley Street







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated the Priory Wellbeing Centre – Harley Street as **good** because:

- Staff assessed risks to patients using the service. There were management plans to address these risks, and in the event of a crisis.
- Staff were qualified, experienced and effectively liaised with GPs and other health professionals. They received regular training, supervision and appraisal.
- The premises were clean, comfortable, and well maintained, protecting patients' confidentiality.
- Staff were trained in safeguarding adults and children, and followed safeguarding procedures.
- Staff were respectful towards patients, and patients described them as knowledgeable, and accommodating, enabling them to make informed choices about their treatment, and develop skills to self-care.
- The provider investigated complaints thoroughly and took action to improve the service.

- The management undertook regular audits of the service, with actions to address any concerns found. They also monitored incidents relating to the service, and determined learning that could be put into practice.
- Management acted on feedback from patients to improve the service, for example changing the ambient music, providing crisis cards, and arranging some Saturday appointments.
- There was a risk register for the centre, to ensure that all risk areas were addressed and monitored appropriately.

However:

- The provider had not developed agreed inclusion and exclusion criteria guidance for managing referrals to the centre.
- Some staff were not aware about a recent serious incident relating to the service.
- Clinical governance meetings did not include a wide selection of staff working at the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community-based mental health services for adults of working age	Good 	As above

Summary of findings

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Good



Priory Wellbeing Centre - Harley Street

Services we looked at -

Community-based mental health services for adults of working age

Summary of this inspection

Background to Priory Wellbeing Centre-Harley Street

Priory Wellbeing Centre - Harley Street is an independent clinic provided by Priory Healthcare Limited. The centre offers assessment and treatment from consultant psychiatrists, psychologists and therapists.

The centre provides treatment to children, families, couples, and adults, for conditions including anxiety, depression, stress, eating disorders, addictions, anger

management, obsessive compulsive disorder, panic attacks, relationship, sexual and sleep problems. A wide range of therapies were on offer including cognitive and dialectical behavioural therapies, addiction treatments, eye movement desensitisation and reprogramming, family, systemic and couple's therapies, perinatal psychiatry, and analytical psychotherapy.

Our inspection team

The team that inspected the service comprised a CQC inspector, a CQC inspection manager, and a specialist advisor, who was a consultant psychiatrist with experience of working in community settings.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was the first inspection of this service since it opened in September 2017.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited Priory Wellbeing Centre - Harley Street and looked at the quality of the environment

- spoke with the centre manager, medical director, hospital director (covering the service) and the new director of therapy
- spoke with two consultant psychiatrists, a clinical psychologist, a counselling psychologist, and two psychotherapists
- spoke with one patient
- looked at 15 patient records
- read feedback from patients who had received therapy at the service
- checked the condition of the premises and equipment
- read a range of policies, procedures and other documents relating to the operation of the service.

Following the inspection visit, we spoke with a further six patients about their experience of using the centre.

Summary of this inspection

What people who use the service say

We spoke with seven people who had used the service. They spoke highly of the care and treatment provided by

staff at the centre. Their comments included a high regard for individual staff, feeling heard, and being given tools to support their recovery. They described a friendly and accommodating staff, and a very flexible service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- Staff assessed risks to patients using the service. There were management plans to address these risks, and in the event of a crisis.
- The premises were clean and well-maintained.
- Staff completed mandatory training to ensure the safety of patients.
- Staff safety was promoted through a lone working procedure which was put into practice.
- Staff followed safeguarding procedures making referrals when necessary.
- Managers monitored incidents relating to the centre, and determined learning that could be put into practice to prevent a reoccurrence.

Good



Are services effective?

We rated effective as good because:

- Staff kept clear records of all treatment provided and liaised with patients' GPs and other health professionals about their treatment.
- Consultant psychiatrists communicated effectively with therapists at the service.
- Staff worked in line with national guidance and monitored outcomes for patients, to ensure they were effective.
- Staff working at the service were appropriately experienced and qualified, and received regular training, supervision and appraisal.
- Staff obtained and recorded patients' consent to treatment.

Good



Are services caring?

We rated caring as good because:

- Staff were respectful and polite with patients.
- Patients spoke highly of the support provided by staff to develop their skills at self-care.
- Patients told us that staff were very flexible and accommodating, and involved them in making informed decisions about their treatment.
- The centre provided information for patients about different treatments available, and various self-help techniques, in the waiting areas.

Good



Summary of this inspection

Are services responsive?

We rated responsive as good because:

- The service responded effectively to people's complaints, and took action to prevent repeated problems.
- The centre environment was comfortable for patients, with the use of white noise put in place to protect confidentiality when in consultation rooms.
- Disabled access was available on the ground floor of the centre, and there were baby changing facilities provided.
- Management acted on feedback from patients to improve the service, for example changing the ambient music, providing crisis cards, and providing some Saturday appointments.

Good



Are services well-led?

We rated well-led as good because:

- Staff understood the provider's values.
- The provider had developed procedures which were specific to their out-patient services and wellbeing centres, including a regular schedule of audits.
- Staff spoke highly of the support provided by the centre's management, and the work environment.
- There was a risk register for the centre, to ensure that all risk areas were addressed and monitored appropriately.
- Clinical governance meetings were held regularly, although the manager was looking at ways of improving staff attendance at these.

Good



Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had undertaken training and had a good understanding of the Mental Capacity Act (MCA). The provider had policies and procedures on the use of the MCA.

The consultant psychiatrists told us that in accordance with the MCA, they presumed that the patients they saw






at the service had capacity to make decisions about their care and treatment. They told us that if they ever had a reason to believe that this might not be the case, they would operate within the provider's MCA procedures. Patients consented to the care and treatment they received.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community-based mental health services for adults of working age

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are community-based mental health services for adults of working age safe?

Good 

Safe and clean environment

- All parts of the premises appeared clean and well maintained. The provider employed a sub-contractor to clean the building daily. They kept records of what was cleaned and how. Staff completed an infection prevention and control assessment and audit in July 2018, with all identified actions addressed.
- Staff told us that patients using the service did not have full physical examinations but there was equipment available to check weight, height and blood pressure. All equipment was new within the last year, and the centre manager was aware of the need for these items to be calibrated regularly.
- First aid equipment and a defibrillator were kept in reception, and these were checked weekly. We saw records to show that health and safety and fire safety checks were completed regularly. The most recent fire risk assessment and health and safety risk assessment were undertaken in April 2018, with all identified actions followed up. The centre manager advised that they still needed to arrange training for the centre's fire marshals.
- A ligature anchor point risk assessment had been completed for all areas in the centre in September 2018. This was included in the guide for each consultation room. To mitigate risks, staff were instructed to lock all rooms when not in use, and never leave a patient unsupervised in a consultation room. Ligature and wire cutters were available for use in an emergency.

- A blind spot audit was completed in November 2017. Closed circuit television was available in waiting areas, and administrative staff conducted random walks to check on safety. They also conducted end of the day checklists to ensure patients' confidential material was not left out, and security measures were in place.
- In each consultation room there was an alarm which staff could use in an emergency. The alarms sounded in the administrators' office. Discussion with the manager indicated that there might be times when the administrators' office was not occupied by staff. Following the inspection, the centre manager provided evidence that the alarm sounder had been installed in the reception area (always attended when the centre was open) on 22 November 2018.
- The centre manager conducted emergency simulations regularly including fire drills and emergency alarm tests.

Safe Staffing

- The centre manager told us that they were able to see patients referred to the service very quickly and there was no waiting-list. The provider did not employ locum doctors at the service.
- Therapists we spoke with said that they could ask a consultant psychiatrist for advice and support should this be necessary.
- We reviewed four human resources files for staff working at the centre. These included application forms, interview records, qualifications, practicing privileges, contracts, professional registration, and insurance. Disclosure and barring checks and written references were held centrally by the provider.
- We reviewed training information for the service. This showed that 90% of permanent staff and 88% of sessional staff had completed all their required mandatory training. This included safeguarding adults,

Community-based mental health services for adults of working age

safeguarding children, confidentiality and data protection and infection control. Two of four eligible staff had not completed clinical risk assessment training, and four of seven had not completed prevention and management of violence and aggression. The centre manager advised that these staff were booked to complete this training shortly after the inspection.

- We confirmed that the consultant psychiatrists that provided treatment sessions at the service were up to date in terms of their professional registration and continuous professional development.

Assessing and managing risks to patients and staff

Assessment of patient risk

- We looked at 15 treatment records for patients who had received treatment from a consultant psychiatrist or therapist. Doctors and therapists had conducted a detailed risk assessment of each patient at their first appointment, and kept this under review at each session, with a formal update at least every six sessions in line with the provider's policy on clinical risk assessment and management.
- The service did not operate a waiting list. The centre manager advised that all referrals to the service were recorded using an 'initial registration and screening form,' in line with the provider's policy on outpatient referrals to the wellbeing centres. If unsuitable to be seen at the centre, patients were given information about other services which could better meet their needs, such as an inpatient admission to hospital for detoxification.
- At the time of the inspection the provider did not have a set of exclusion criteria for the centre. The centre manager advised that all doctors working at the centre were experienced in working as senior clinicians in outpatient settings and used their own clinical judgement as to whether referrals could be managed at the wellbeing centre, or needed a more intensive service. Following our inspection visit, the centre manager advised that they would consider recording some agreed inclusion and exclusion criteria guidance for the centre.

Management of patient risk

- Consultant psychiatrists told us they were able to arrange in-patient care for a patient at one of the

provider's hospitals if the patient's mental health deteriorated. They told us they were also able to advise patients about other options available to them including NHS care and treatment.

- Patients were given information about who to contact in a crisis in the form of a card, as well as bespoke risk emergency action plans. These included details of risks, a list of actions known to be helpful to that person, early warning signs of relapse or suicidal risk, and a list of people who the patient found helpful to contact for support.
- There was a lone worker policy in place for the service which explained that there should always be two staff members on site. Staff confirmed that they were aware of this policy and that it was put into practice.

Safeguarding

- Staff at the service were trained in adult and children's safeguarding and had made two referrals to the local authority within the last year, and notified CQC as required.

Staff access to essential information

- Staff told us that computer systems in place at the centre meant that they could access relevant information about patients. They received minutes of relevant meetings at the service, to remain up to date with any changes. One consultant psychiatrist mentioned that they had requested access to the service's patient records remotely, so that they could work away from the centre. This was not available at the time of the inspection.

Medicines management

- No medicines or prescription pads were kept on site at the centre. Most doctors gave information about their recommended prescription to patients' local GPs or other doctors to prescribe. Some doctors gave out private prescriptions as recorded in the patients' notes.
- Patients we spoke with said that staff had made them aware of any expected side effects from their medicines.

Track record on safety

- One serious incident was recorded since the centre opened, and this was subject to a desk top review by senior staff at the time of the inspection.

Community-based mental health services for adults of working age

Reporting incidents and learning from when things go wrong

- The consultant psychiatrists and therapists we spoke with were familiar with the provider's incident reporting procedures. They said incident reporting was encouraged and they received feedback on the learning from incidents.
- Overall learning from the serious incident had not yet been determined, however, the provider had already made some changes. One step put in place was to ensure that each patient's risk status was updated at each session, even if it remained unchanged. Staff involved were offered a debrief, and ongoing support following the incident. Two staff members we spoke with were not aware of the recent serious incident.
- A major incident contingency plan was in place for the service. Staff covered the provider's duty of candour policy as part of their incident management training, and were aware of their duties in this area.

Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Treatment records contained information on treatments offered to patients. These took the form of progress notes and letters to GPs and other health care professionals, which demonstrated that consultant psychiatrists, psychologists and therapists had assessed patients' individual needs. For example, they obtained information on patients' social circumstances and personal relationships and included this in their plan of treatment. Staff reviewed treatment plans after each six sessions, or more often if required.
- Records of patients' consent, and capacity to do so, were completed. Consultant psychiatrists, psychologists, and therapists said they had access to the information they needed when seeing patients. Therapists told us that communication from consultant psychiatrists was clear and helpful.

Best practice in treatment and care

- Patients using the service were self-funding usually through private occupational insurance. The records we checked showed consultant psychiatrists enabled patients to access a wide range of psychological therapies as recommended by NICE (the national institute for health and care excellence).
- The centre offered assessment and treatment from consultant psychiatrists, psychologists and therapists. Individual therapy was offered at the time of the inspection, but the centre manager advised that there were plans in place to provide group therapies also.
- The centre offered treatments to children, families, couples, and adults, for anxiety, depression, stress, eating disorders, addictions, anger management, obsessive compulsive disorder, panic attacks, relationship problems, sexual problems, and sleep problems. A wide range of therapies were offered including cognitive and dialectical behavioural therapies, addiction treatments, eye movement desensitisation and reprogramming, family, systemic and couple's therapies, perinatal psychiatry, and analytical psychotherapy.
- Consultant psychiatrists we spoke with told us they prescribed medicines within NICE guidelines, unless there was a good reason not to do so. In looking at patient records we saw a clear and appropriate reason for one patient who was prescribed medicines outside of the guidelines.
- The service had a localised policy and procedure for treating people with addictions. The service did not offer a community withdrawal or detoxification service and offered patients who required this type of service assistance through one of the provider's in-patient facilities.
- The management audited treatment records including work carried out by consultant psychiatrists. The most recent audit of consultant psychiatrists' outpatient notes was conducted on 9 October 2018 during which 13 records were reviewed, with clear actions in place to address any omissions. The management also checked the timeliness of letters sent out, reviewed complaints about the service and any relevant incidents.
- The service measured outcomes in terms of patient satisfaction and use of different outcome measures including those for general anxiety disorder (GAD-7), and the patient health questionnaire (PHQ-9) for depression.

Skilled staff to deliver care

Community-based mental health services for adults of working age

- Experienced consultant psychiatrists assessed and treated patients who were using the service. The service also employed two permanent therapists, and three administrators (with one vacancy at the time of the inspection) in addition to sessional staff.
- We confirmed that the registration and annual revalidation of the consultant psychiatrists who provided treatment at the service was up to date.
- Systems were in place to ensure that all staff including consultant psychiatrists had an annual appraisal which demonstrated they had the required professional competencies and opportunities to develop their skills.
- Staff supervision rates for the service were 94% at the time of the inspection. There was a clear system in place to ensure that supervision dates were recorded, highlighting when follow up was needed. Those receiving external supervision, had to provide evidence of this, prior to being paid. Consultant psychiatrists attended peer supervision fortnightly.
- We checked supervision records of two administrative staff and found that they were receiving relevant management supervision monthly.
- Staff told us that they were supported to attend continuous professional development sessions as part of their role.

Multi-disciplinary and inter-agency team work

- Staff told us there was good communication between professionals at the service when this was required to ensure effective patient care.
- Consultant psychiatrists said they could arrange in-patient admissions to the provider's hospitals when this was required.
- The patient treatment records we viewed demonstrated that staff effectively informed GPs about individual patient treatment plans, with letters sent after every six sessions.
- Patients were given options to access blood tests and other physical health procedures through their own GP or other local services.
- Therapists from a wide range of disciplines at the service, had developed weekly peer support learning sessions. The newly appointed director of therapy for the provider organisation, was looking to arrange a conference for therapists in the coming year, and put together a pathway for therapist's development within the organisation.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Patients using the service were not subject to the Mental Health Act, and consultant psychiatrists were clear that they would never use a temporary holding power at the service.

Good practice in applying the Mental Capacity Act

- Staff we spoke with had a good understanding of the Mental Capacity Act (MCA). The provider had policies and procedures on the use of the MCA.
- Staff told us that in accordance with the MCA, they presumed that the patients they saw at the service had capacity. They told us that if they ever had a reason to believe that this might not be the case, they would operate within the provider's MCA procedures.
- Patients had signed a consent form which explained how issues around patient information were managed. The service obtained the consent of patients to the treatment they received. Staff also explained the costs of treatment to people.
- The centre provided patients with information about relevant advocacy services.

Are community-based mental health services for adults of working age caring?

Good 

Kindness, privacy, dignity, respect, compassion and support

- We saw that people visiting the service for appointments were treated politely and respectfully by reception staff.
- The results of feedback forms completed by people attending the service indicated that patients were treated with kindness by staff.
- Patient confidentiality was maintained, with systems in place to ensure that no confidential material was left out in the clinic at the end of the day.
- We spoke with seven patients either in person or by telephone, all of whom were very satisfied with the care and treatment provided by staff at the centre. Their

Community-based mental health services for adults of working age

comments included a high regard for individual staff, feeling heard, and being given tools to support their recovery. They described a friendly and accommodating staff, and a very flexible service.

Involvement in care

Involvement of patients

- We reviewed 15 treatment records. These showed that patients were fully involved in planning their treatment in discussion with the consultant psychiatrist, psychologist or therapist, and there was a focus on promoting self-care.
- Staff told us they asked patients when and where they would like to be seen and appointments were made at their convenience.
- The reception area had information about how patients could access an advocacy service if they wished.
- Patients were asked to give feedback on the service by completing a brief questionnaire. Comments were analysed by a central team who provided a general report to the service. They were largely positive about care and treatment. Feedback was reviewed regularly at the service's clinical governance meeting.
- Since January 2018, 19 responses had been received, 18 of which were positive. Positive comments included the skill and knowledge of staff, and helpful administrators. Concerns raised included the change of location from Fenchurch Street to Harley Street (since addressed by both services remaining open), some booking issues, and the price of treatment.
- The centre management responded to comments made by patients, and displayed actions taken in the waiting areas in the format of 'You said we did.' Improvements included new flavours for the coffee machine, changing the ambient music, providing crisis cards, and an undertaking to provide appointment reminders shortly.
- Clients were provided with an information pack, with information about safeguarding, advocacy, interpreters, the complaints procedure, and different modalities of therapy available at the service. Self-help information was also provided in the waiting area.

Involvement of families and carers

- The focus of the service on promoting patients' self-care, included determining family and friends who could provide support in times of crisis.

Are community-based mental health services for adults of working age responsive to people's needs? (for example, to feedback?)

Good 

Access and waiting times

- Patients could self-refer to the centre, or be referred by their GP, or another health professional.
- The centre did not have targets for time from referral to assessment and from assessment to treatment, but ensured that they sent people who enquired about the service an information pack within two working days. The information pack included the terms for private treatment, a consent and financial agreement and mental health questionnaires. Once the person had returned the consent and financial agreement form and the questionnaire they were contacted and offered an appointment, usually within a few days.
- Patients could choose when they saw a consultant psychiatrist, psychologist or therapist, and were able to arrange evening appointments or Saturday appointments if they wished. The service had recently commenced opening on some Saturdays in response to patient feedback.
- The centre manager advised that approximately 94% of referrals were appropriate to the service, with others, being directed elsewhere.
- Following the centre opening, all patients from the Priory Wellbeing Centre in Fenchurch Street, were transferred to the Harley Street centre. However, subsequently the decision was made to keep both centres open, and patients were given a choice as to which Centre they preferred to attend.

Facilities that promote comfort, dignity and privacy

- The centre was set over two floors, comfortably furnished, and maintained to a high standard. There were three waiting areas, with information available about the therapies provided in the centre, self-help information and puzzles and other activities to occupy people while waiting. These included some activities for children.

Community-based mental health services for adults of working age

- Interview rooms were not sound-proofed, but the provider had employed the use of white noise to ensure patient confidentiality during consultations. A group room was available.
- Information was available to patients in the waiting area about how to complain and how to access advocacy services.
- The building was shared with four other services, who used the same reception, but had services on other floors. The centre had a disabled toilet, and baby changing space.

Patients' engagement with the wider community

- Staff from the centre contributed to the local community by offering free events. Most recently, these included a wellbeing event at the centre, and a presentation by a child and adolescent psychiatrist for parents and staff at a school.

Meeting the needs of all people who use the service

- The service had level access to the street. Some interview rooms and disabled access were on the ground floor which meant people with physical disabilities could access the service.
- Staff told us that patients using the service usually spoke English well but an interpreter could be arranged if this was necessary.

Listening to and learning from concerns and complaints

- People using the service knew how to complain. Since January 2018 there had been seven complaints, which were largely upheld by the service. All but one of the complaints related to administrative issues around appointments. One complaint related to a lack of feedback from a doctor at the service. The provider had learned from these complaints and addressed the issues raised through staff supervision, and taking up these issues with the staff involved.

Are community-based mental health services for adults of working age well-led?

Good 

- Since the service opened in September 2017, it had received an award from the provider organisation, for becoming effective and operationally so quickly. The centre manager advised that learning was shared across the provider's wellbeing centres to ensure the best possible standards. Senior managers from the provider organisation had visited the service.
- Staff told us they felt the provider enabled them to provide patients with effective support and a choice of venues for out-patient appointments. They said they were able to raise any concerns they had and had input into service development.
- Staff said they found the centre management supportive and approachable, providing a swift response when there were concerns about any patient's safety.
- The most recent staff survey indicated that the staff were generally happy working at the service, but found some of the computer systems complex, involving lengthy processes, and that therapists had concerns about the amount of time required to complete administrative tasks

Vision and strategy

- Staff told us they were familiar with the provider's vision and values. These included providing high quality healthcare and integrated pathways from hospital to home.
- Staff were clear about the aims of the centre, including provision of accessible person-centred care for a wide range of patients, evidence based practice, and treating people with dignity and respect.
- The service's promotional literature emphasised the accessibility of the service and reflected the provider's values.

Culture

- Staff followed the behaviours aspired to by the provider organisation, of putting people first, being a family, acting with integrity, being positive, and striving for excellence.
- Staff reported good morale, with responsive management, supportive peers, and a pleasant environment. The centre had a low staff sickness rate of 1.2%.
- The centre manager told us that he was looking at ways of involving them more in the running of the service.

Leadership

Community-based mental health services for adults of working age

Governance

- There was a clear structure in place for the governance of the centre with the centre manager and medical director reporting to a regional manager and a regional director. A director of therapy had been appointed as a new role within the provider organisation, to work on a development pathway for therapists within the organisation.
- The provider's governance arrangements included checks which ensured staff working at the service were appropriately qualified and competent. For example, the provider asked consultant psychiatrists to provide evidence of their professional registration and professional development activities. There were appropriate incident and complaint reporting systems in place which enabled learning.
- Audits were in place to check on the safety of the environment and quality of patient case records. Alarms in the consulting rooms were tested regularly, with simulations of emergency situations. As a landlord for four other services in the building, the management also conducted audits of health and safety issues for the whole building.
- The provider had developed specific procedures for the wellbeing centres, and had appropriate administrative support in place.
- Clinical governance meetings were held at the centre monthly, although only attended by a small proportion of staff. The centre manager said that he was looking at ways of improving attendance and involvement in these meetings. Topics discussed included safeguarding, infection prevention, equipment, patient feedback, complaints, health promotion, training, and the centre's risk register.
- The centre took part in the provider's annual programme of 12 divisional audits. Management conducted monthly quality walkarounds, identifying any actions, such as making sure that all rooms were locked when not in use.
- Consultant psychiatrists across the organisation attended a private consultants' working group on a three-monthly basis.

Management of risk, issues and performance

- There was a risk register in place for the service, including issues with billing patients, water risk assessment within the building, emergency lighting, and patient risk and care plans. All risks were reduced following controls put in place.

Information management

- Systems used were largely electronic, and worked well, but did not necessarily join up together, so that staff had to learn to use several different systems.
- Patient information was kept securely, with audits in place to ensure appropriate information governance.

Engagement

- Management acted on feedback from patient satisfaction surveys, and the centre's comments and suggestions boxes. Changes made as a result included opening the centre on some Saturdays, providing crisis cards, and a change to the music playing in the waiting areas.
- The centre manager advised that he was looking at ways of improving engagement of staff in the running of the centre. This was a challenge due to the large number of part time sessional workers at the centre, which made it difficult to have a high turnover of staff at meetings.

Learning, continuous improvement and innovation

- Consultant psychiatrists working in the service also worked at the provider's in-patient services and told us they participated in quality improvement initiatives at in-patient services. There had not yet been any quality improvement initiatives specific to this service.
- Staff were researching the possibility of providing repetitive transcranial magnetic stimulation at the centre.
- The service was due to commence providing appointment reminders for patient from 26 November 2018.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should develop agreed inclusion and exclusion criteria guidance for managing referrals to the centre.
- The provider should ensure that all staff working at the centre are promptly made aware of serious incidents relating to the service, and any learning as a result.
- The provider should ensure that as many staff as possible are involved in the service's clinical governance meetings.