

Eighty Eight Rodney Street Limited

Inspection report

88 Rodney Street
Liverpool
Merseyside
L1 9AR
Tel: 01517067902
www.eightyeightr Rodney Street Limited

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Outstanding	

Overall summary

This service is rated as Good overall. This is the first inspection of Dr Peter Mason ADHD & Psychiatry Services Limited

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Eighty-Eight Rodney Street Limited as part of our inspection programme. Eighty-Eight Rodney Street Limited provides mental health assessments and treatment for private patients and a specialised NHS commissioned service for adults with Attention Deficit Hyperactivity Disorder (ADHD). The service also provides consultations and treatments for young people from the age of sixteen years old.

Dr Peter Mason is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A total of four patients provided feedback about the service through comment cards before the inspection. One patient who attended the clinic at the time of inspection, shared their experience of attending the service for consultation. All feedback received was positive and complimentary of the service received.

This was the first inspection since registration in June 2019. The service operates from Eight-Eight Rodney Street in Liverpool, which provides private consulting and therapy rooms through an onsite management team. The provider team consists of the registered manager and administrator.

Our key findings were:

- The service was responsive to meet the needs of the individuals who used the service and delivered in a way to ensure flexibility and continuity of care. People could access the service at a time that suited them, with additional appointments offered out of hours.
- The service used pre-telephone consultations if required, to assess if patients were suitable for the service.
- Patients we spoke with and feedback received through comment cards were extremely positive about the service they received.
- Patients told us that they felt listened to and worked in collaboration with the service regarding their care.
- The service had not received any complaints since it's opening.
- The staff received regular supervision and appraisal.
- There was good record keeping and a high standard of overarching governance of the service.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

We saw the following outstanding practice:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There was a strong, person-centred culture. Staff were highly motivated to offer care that was kind and promoted dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued and promoted by the registered manager.

Dr Kevin Cleary

Deputy Chief Inspector of Hospitals (Hospitals - Mental Health)

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Eighty Eight Rodney Street Limited

Eighty-Eight Rodney Street Limited is a standalone service that is run by Dr Peter Mason ADHD & Psychiatry Services Limited.

The service address is:

Eighty-Eight Rodney Street Limited

88 Rodney Street

Liverpool

Merseyside

L1 9AR

The service is led by the registered manager who is a consultant psychiatrist. He is supported by an administrator who managed appointments and is the first point of contact for new referrals to the service.

The service is open from 12:00 to 20:00 Wednesday and Thursday. However, there are additional appointments available during evenings and weekends to meet the needs of patients. All appointments must be pre-booked.

The service is registered to provide the following regulated activity:

- Treatment of disease, disorder or injury

How we inspected this service

We carried out an announced comprehensive inspection at Mental Health and Wellbeing Services on 8 January 2020. Before visiting the service, we reviewed a range of information we hold about the service, including the information provided from the pre-inspection information request. We also reviewed feedback from four patients who completed comment cards.

During our visit we:

- Spoke with the registered manager, administrator and staff employed by the management agent for the building regarding security arrangements.
- Tested the personal alarm and response time.
- Looked at the equipment and rooms used by the service.
- Reviewed five case records, one personnel file, clinical policies, minutes of meetings and other policies.
- Observed the beginning of an initial consultation.
- Spoke with a patient who attended a consultation.

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?

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. There were clear policies in place that identified who to go to for further guidance and were easily accessible on the provider database.
- The service worked with patients GP's and other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw evidence that safeguarding was discussed at clinical governance meetings and actions discussed.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. There were not many physical examinations and no clinical waste was generated. There were hand washing posters displayed in toilet areas.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. An audit was in place to monitor the safety and cleanliness of the environment and calibration of equipment.
- The service carried out appropriate environmental risk assessments, which considered the profile of people

using the service and those who may be accompanying them, including the risk of potential ligature points. There was a personal alarm available to staff in the interview room which staff on site responded to.

Risks to patients

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

- There were arrangements for planning and monitoring the number of staff needed. This was discussed through business meetings and reviewed in line with patient need.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received training in basic life support that was updated on a yearly basis.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover potential liabilities.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

The service did not dispense or store medicines.

- The service kept prescription stationery securely and monitored its use. There was an effective system in place for prescribers to sign prescription pads in and out and a safe process for the ordering of new pads and the destroying of useable pads.
- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance and evidence. For each medication prescribed there was an information leaflet detailing the profile of the medicine, its benefits and side effects. Staff kept accurate records of medicines and where required, monitored the physical health of patients to identify any unwanted effects.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. No significant events had been reported by the service since registration.
- There were adequate systems for reviewing and investigating when things went wrong and learning and sharing lessons. The service would identify themes and act to improve safety in the service, through regular business meetings.
- The service was aware of and recognised the requirements of the Duty of Candour. There had been no incidents requiring Duty of Candour contact within the last 12 months. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines for Attention Deficit Hyperactivity Disorder (ADHD).
- Each patient received a comprehensive assessment to establish individual needs and preferences. This included an up-to-date medical history and a risk assessment.
- Validated psychometric tools were being used to monitor patient outcomes. The outcomes data gathered by the service evidenced patient outcomes had positively improved. We saw evidence that patient's ability to do everyday activities had improved, and risks associated with their mental health decreased.
- Patients' immediate and ongoing needs were fully assessed. This holistic assessment recognised social and physical health risks alongside mental health needs. For example, physical health screening was in place for Attention Deficit Hyperactivity Disorder (ADHD) patients and was monitored on a regular basis. Interventions were also available to address issues of self-esteem and improve relationships.
- Clinicians had enough information to make or confirm a diagnosis. The service used a suite of recognised and validated tools to assess and diagnose ADHD. These included the 18 item Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist (screening tool), the 18 item ADHD-RS-IV (most sensitive to change) and the Mind Excessively Wandering Scale (MEWS) were used to help inform the diagnosis of ADHD in clinical practice to assist diagnostic assessment of ADHD; and the QbTest, an objective test that measures activity, attention and impulsivity came with those referred from the ADHD Foundation. When used with other clinical information it aided the clinician assessment of ADHD. The QbTest can also be used for treatment follow-up and adjusting medication management.

- We saw no evidence of discrimination when making care and treatment decisions. The service treated patients across a broad age range from sixteen years old to over 50.
- The service used pre-telephone consultations if required, to assess if patients were suitable for the service.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service was recording and evaluating the Attention Deficit Hyperactivity Disorder (ADHD) service to assess the effectiveness of treatment. The evaluation was based on the Providers measures of the suite of assessment tools used in assessing and diagnosing ADHD and Rating Scales to monitor progress. The evaluation demonstrated a significant reduction in scores from initial assessment to post intervention, indicating an improvement in the Attention Deficit Hyperactivity Disorder (ADHD) traits experienced. The service used outcome tools to determine the effectiveness of treatment in alleviating symptoms. The depression, anxiety and stress scale - 21 Items (DASS-21) was used to measure the emotional states of depression, anxiety and stress at the start of and during treatment. The Weiss Functional Impairment rating Scale (WFIRS) was used to measure ADHD symptoms and actual impairment overlap. The use of the scale before and after treatment allowed the service to assess if the ADHD had improved, and if the patient's functional difficulties were also better. Additionally, information was collected on the patient's quality of life and demonstrated an increase in quality of life after contact with the service. For example, patient's improvement in their capability in employment and or education after their treatment.
- Patient feedback was actively sought and there was a suggestion and a feedback box located in the waiting area for patient comments. These were recorded, along with any comments or feedback received by email or telephone. Comments were shared with the team and discussed at staff meetings.
- Staff ensured that routine monitoring of blood pressure and blood tests relating to prescribing medicines was in place for ADHD and had effective protocols in place to share information with the patient's GP. For example, the

Are services effective?

registered manager used a portable digital blood pressure machine to measure a patient's heart prior to prescribing medicine and at follow-up. The registered manager used a portable ECG waveform device and calculated the QTc interval prior to prescribing medicines. If this was abnormal, or there were other concerns they would write to the patient's GP asking them to carry out an electrocardiogram on the patient to explore any possible abnormalities prior to prescribing medicines.

- The service made improvements using completed audits. For example, a review of patient referrals identified that patients referred through their GP or a third party did not always include consent to share information with their GP. As a result, the service was clarifying the need for information to be shared with their GP's about their treatment and recording this in the consultation. Business meetings discussed the evolving audit process and impact on quality of care and outcomes for patients. There was an evolving audit plan that was in the process of being finalised. There were audits on case notes, infection control and the Attention Deficit Hyperactivity Disorder (ADHD) service including information such as waiting times and appointment attendance. Any actions from audits were discussed at business meetings, or at an earlier point if required.

Effective staffing

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

- The continuing development of staff skills, competence and knowledge was recognised as integral in providing high quality care. All staff were supported to acquire new skills and share good practice. The registered manager presented and delivered seminars at both national and international conferences, had written research articles and had co-produced training packages in the form of a series of information booklets.
- All staff were appropriately qualified.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and the registrant was up to date. The service supported staff in meeting the needs of revalidation.
- The learning needs of staff were identified through supervision, appraisal and business meetings. Staff had access to suitable training could attend additional training to meet their learning needs and roles and responsibilities within the service.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff were encouraged to attend conferences and other events to support their personal development.
- Staff received training in safeguarding, basic life support, information governance, mental capacity, fire safety, risk management. Staff had access to e-learning training through an online provider and face to face training.
- The registered manager received external clinical peer supervision through ADHD regional meetings. The registered manager completed an appraisal of the administrator within the last 12 months.

Coordinating patient care and information sharing

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

- Regular business and clinical supervision meetings were held to discuss risk and treatment plans. Staff worked together to develop holistic care plans that reflected the range of treatments available within the service. The registered manager was a member of two regional ADHD MDT peer review groups that meet quarterly as well as a peer group from the Royal college of Psychiatrists. Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. There was a shared care protocol in place with the GP for the sharing of patient information. The service had effective relationships with local crisis and home treatment teams to support those patients that had comorbid mental health conditions.
- Before providing treatment the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical 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.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Detailed summary letters were provided to the patients GP following each contact, including any information regarding treatment or changes to medicines, in line with the shared care protocol. Patients were copied into all letters sent to their GP.
- The service had risk assessed the treatments they offered. For example, patients identified with arrhythmia prior to prescribing medicine were referred for an electrocardiogram via their GP and then referred onto a cardiologist. The registered manager had identified medicines that were not suitable for prescribing. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with General Medical Council guidance.
- Patient information was shared appropriately (this included when patients moved to other professional 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.
- Where appropriate, staff gave people advice, so they could self-care. We saw evidence in a patient's record of staff advising a patient to monitor their blood pressure from home, as attending appointments increased their anxiety and increased their blood pressure. The record demonstrated that the patient was pleased with this strategy to manage their anxiety and blood pressure.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. We saw evidence of consent to medicines in patient records for each medicine prescribed.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide. The service does not see patients under the age of 16. Capacity was assessed, and further parental consent sought if the young person was not deemed competent.
- The service monitored the process for seeking consent appropriately through their case note audit.

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 caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

- We saw evidence of patients involvement in their care and treatment documented in patient records.

- Interpretation services were available for patients who did not have English as a first language. We saw details of interpreter services the service could access in information sent to patients prior to appointments. This information was also available on the provider website. Information in other languages was also provided and the registered manager showed us examples of information provided to patients whose first language was other than English. Information leaflets were available in easy read formats, to help the widest range of patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. We saw evidence in clinical records of discussions with patients around medicines, side effects and alternative treatments.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The service understood the needs of their patients and improved services in response to those needs. For example, appointment times were flexible and included evening appointments to accommodate patient's education or employment commitments or those travelling long distances.
- The facilities and premises were appropriate for the services delivered. There was a waiting area with facilities to make drinks and there were enough consultation rooms available.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The building had disabled access with consultation rooms on the ground floor and a lift to the first floor. There was a portable loop induction system available for people who had hearing impairments. There were metered parking facilities located at the front of the building.

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. Referrals were received from the ADHD foundation, GP's and self-referral. The current caseload of the service was 86 patients. Waiting times and cancellations were minimal and managed appropriately and there was an audit in place to monitor this. Text message reminders were sent to patients regarding their appointment.

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

Listening and learning from concerns and complaints

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

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

Are services well-led?

We rated well-led as Outstanding because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The registered manager drove continuous improvement and there was a proactive approach to seeking out and improving the service. The service worked closely with the ADHD foundation and contributed to research and development. The registered manager attended regional and national meetings on ADHD for supervision and training.
- There was a strong, person-centred culture. Staff were highly motivated to offer care that was kind and promoted dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued and promoted by the registered manager.

Leadership capacity and capability;

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

- The leadership drove continuous improvement and motivated staff to develop in their roles.
- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges of maintaining quality as the business grew and were addressing them. The service had been approached to provide an additional commissioned service for Attention Deficit Hyperactivity Disorder (ADHD) through practising privileges.
- The registered manager was visible and approachable. They worked closely with the administrator and building staff to make sure they prioritised compassionate and inclusive leadership. Staff were highly motivated to offer care that was kind and promoted dignity. Relationships between patients and staff were strong, caring and supportive. These relationships were highly valued and promoted by the registered manager.

Vision and strategy

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

- The service stated their vision was to offer holistic assessment of patients who present with symptoms

suggestive of ADHD and other mental health problems. The assessment, on-going treatment and support will be based on a collaborative partnership which puts patients at the centre of their care in achieving positive well-being. The service aims to be inclusive, non-discriminatory and treat staff, patients, their relatives and carers with dignity and respect. Patients will be encouraged take the lead in their treatment based on the best evidence provided by the service and will be supported in the decisions, so they take control of their lives.

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

Culture

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

- Staff felt respected, supported and valued and were proud to work for the service. There was a good level of staff engagement and good communication with the management team and staff of the serviced building in which the service was based.
- The service focused on the needs of patients, utilising patient feedback as a quality indicator.
- Openness, honesty and transparency were demonstrated when responding to incidents. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that any issues raised would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they needed. This included an annual appraisal in the last year. The registered manager had met the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and management. Staff spoke very highly of the registered manager.

Governance arrangements

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

- There was an overarching governance framework which supported the delivery of good quality care. There were clear structures, processes and systems in place that were clearly set out, understood and effective to support good governance and management.
- Staff were clear on their roles and accountabilities within the service.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks, including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through their revalidation process and attendance at regional ADHD multidisciplinary peer meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

- The service had contingency plans in place for major incidents within the service risk management and business continuity plans. The service used a significant event register to record events which had potentially impacted upon the delivery of the service. This included an action plan to manage or mitigate the risk of further incidents.

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service used a feedback register to gather feedback about the service delivered and make changes to the service based on feedback received. We saw 29 feedback comments were received between May and December 2019. The feedback from patients and carers on the service received was highly positive. Because of feedback some changes were made to the provider website about the type of appointments offered to patients.

Are services well-led?

- There were four comment cards received and all were extremely positive about the service received.
- There was evidence of liaison with external partners such as GP's and the local mental health team.
- Staff could describe to us the systems in place to give feedback. For example, through business meetings or through the registered managers approachable manner. Staff felt able to provide any feedback to the registered manager.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The registered manager attended a variety of conferences regarding Attention Deficit Hyperactivity Disorder (ADHD) and presented their findings. The service was responsive to staff training needs and provided any additional training required.
- The registered manager encouraged staff to review individual objectives, processes and performance.

The registered manager drove continuous improvement and there was a proactive approach to seeking out and embedding new practice and processes.