The Althea Practice Limited

Keats House

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

Summary of findings

Overall summary

We rated the location as good overall because:

- The service provided safe care. The premises where patients would usually be seen face to face were safe and clean. Due to the COVID-19 pandemic, the service was being delivered virtually at the time of our inspection. The provider had taken steps to ensure this way of working was carried out safely.
- The number of patients on the consultant psychiatrist's caseload was well managed. Waiting lists were monitored to ensure that patients were seen promptly when needed. Risks to patients were assessed and managed well, and all staff followed good practice with respect to safeguarding.
- The consultant psychiatrist delivered a holistic, recovery-oriented service. Treatment plans were informed by comprehensive assessments and made in collaboration with patients and their families, when appropriate. The service provided a blended approach, between psychological and pharmacological treatment options. These options were based on best-practice guidance and met patients' needs. The consultant psychiatrist evaluated and reflected on the quality of care provided to ensure it was delivered to a high standard.
- The consultant psychiatrist worked alongside the full range of specialists required to meet the needs of the patients. All staff within the service received training, supervision and appraisal. Staff worked well together as a team and with relevant services outside the organisation.
- The consultant psychiatrist understood their role and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- A truly person-centred approach was embedded into every aspect of the service. Staff went above and beyond to uphold patient's privacy and dignity and provide emotional support when they needed it. Patients, families and carers were actively involved in care decisions and spoke very highly of the service. As patients accessed the service based on their individual preference, there was a strong focus on achieving patient satisfaction, whilst following the service's well-defined, scope of practice.
- The service was easy to access and patients who required access to the service more urgently were seen promptly. Patients did not wait too long to start treatment if their referral was accepted. The acceptance criteria for new referrals to the service was well defined to ensure the service only accepted patients whose needs it could meet safely.
- The service was well led. Governance processes and procedures were in place to ensure that the service ran smoothly. Leaders were committed to creating a positive working environment for the staff team.

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 	

Summary of findings

Contents

Summary of this inspection

Background to Keats House

Keats House is an independent, community mental health service delivered by a single consultant psychiatrist. The service provides support to adult patients with general psychiatric disorders including anxiety and depression. The service is provided by The Althea Practice and is registered to deliver the following regulated activity; 'Treatment of disease, disorder or injury'.

The consultant psychiatrist sees private patients referred to the service by their GP, employer or via self-referrals. The service is not funded by the NHS. The practice is based in a building managed by an external landlord where other independent doctors also practice. During the pandemic, the service switched to a remote, online-delivery model and at the time of this inspection were not seeing patients face to face.

The consultant psychiatrist is supported by a small team of non-medical staff. This includes the practice manager who is also the registered manager, personal assistant, administrator and a financial assistant. The service has two appointed directors one of whom is the consultant psychiatrist.

We had not yet inspected the service. We had visited the service under its previous registration in July 2017. At that time, we did not rate this service type. We did highlight some areas for improvement which the service had acted upon.

What people who use the service say

We interviewed eight patients and reviewed other sources of patient feedback. This included three pieces of written feedback sent to us by patients who were unable to attend an interview, patient surveys and feedback that had been published by patients in the public domain.

Feedback we received from patients was consistently positive. Patients said care and support they received had exceeded their expectations and many described the service as 'outstanding'. All patients commended the person-centred approach of the entire staff team.

Many remarked on how well the staff team had adapted and had continued to provide an 'excellent' service despite recent challenges it had faced, including the COVID-19 pandemic.

How we carried out this inspection

This inspection took place during the COVID-19 pandemic. To minimise the risk of infection to patients, staff and our inspection team, we adapted our approach. Two inspectors visited the site on 8 June 2021 for half a day. While on site we;

- toured the office base which included an administration office, waiting area, shared reception and the psychiatrist's office
- and reviewed paper records detailing the care and treatment of 10 patients.

The remainder of our inspection activity was conducted off-site. As part of this we;

- completed telephone interviews with eight patients

Summary of this inspection

- reviewed written feedback received from three patients in lieu of a telephone interview
- reviewed medication prescriptions for 10 patients,
- completed telephone interviews with the consultant psychiatrist, medical secretary registered manager and director of the service
- gathered feedback from two independent GP practitioners who referred patients to the service
- and looked at a range of data, policies, procedures and other documents.

Our final telephone interview was completed on 14 June 2021.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

- The service adopted a truly person-centred approach. Consideration of people's privacy and dignity was embedded into everything the service did. As patients accessed the service based on their individual preference, there was a strong focus on achieving patient satisfaction, whilst providing a safe service. Patients we spoke with felt the care and support they received had exceeded their expectations, many described the service as 'outstanding'. Some patients gave examples where they felt the consultant psychiatrist and staff had gone above and beyond to support them. This included scheduling last minute appointments and responding to their contact outside of normal working hours on public holidays.
- Leaders were dedicated to creating a caring organisational culture, to ensure staff remained motivated and driven to provide the best possible experience for patients. For example, the service paid for staff to access specialist training outside their usual role. During the COVID-19 pandemic the service supported staff wellbeing at home and had arranged remote access to mindfulness sessions and group exercise classes with a personal trainer.

Areas for improvement

Action the service SHOULD take to improve:

- Staff should ensure all audits are kept up to date to maintain full oversight of the service.
- The provider should ensure that all policies are up to date and reviewed on time to ensure staff have access to the most up to date guidance available.
- Staff should ensure that void prescription documents are destroyed within a set time frame.

Our findings

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	☆ Outstanding	Good	Good	Good
Overall	Good	Good	☆ Outstanding	Good	Good	Good

Community-based mental health services for adults of working age

Good

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

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

Good

We rated it as good.

Safe and clean environment

Due to the pandemic the service delivered appointments virtually using online video conference calls from the main office base. Staff had completed risk assessments to ensure the onsite office base and home working environment for staff were safe and any potential risks were managed during this time. For example, display screen equipment guidance for working from home had been shared with staff and risks assessments completed.

The premises where patients would usually be seen were safe and clean. This main reception area, administration offices, waiting room and consultant psychiatrist's office were well maintained, well-furnished and fit for purpose.

There were no clinic rooms onsite, the consultant psychiatrist ensured physical health examinations were conducted by patient's GPs when needed.

Staff followed infection control guidelines, including handwashing and wore masks when working onsite. Cleaning was provided by the building landlord and staff checked this was done as part of the service infection prevention and control procedures.

Safe staffing

The number of patients on the consultant psychiatrist's caseload was well managed to allow enough time to treat each patient.The consultant psychiatrist had access to operational and administrative support by a team of non-medical staff and a practice manager who was also the registered manager.

All staff received basic training to keep themselves and patients safe from avoidable harm.

The consultant psychiatrist would refer into other services and ask for second opinions when needed.The service was able to arrange emergency support to cover administrative staff absence.

Community-based mental health services for adults of working age

Good

All staff had a full induction and understood the service.

Mandatory training

All staff had completed and kept up-to-date with their mandatory training.

The mandatory training programme met the needs of patients and staff.

The registered manager monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

The consultant psychiatrist assessed and managed risks to patients and themselves well. If the level of risk of patients on waiting lists changed, staff were able to detect and respond to this safely. Staff followed good personal safety protocols.

Assessment of patient risk

Patients' risks were assessed at point of referral. If patients presented with risks that were outside the scope of practice, the consultant psychiatrist would signpost or refer them to other services based on their individual needs. If members of the public rang the service in crisis, staff knew when to direct them to emergency services to ensure their safety.

Where referrals were accepted, the consultant psychiatrist completed a detailed assessment of risk with every patient at their initial appointment. This included the completion of a risk assessment tool the service had developed internally. All care records we reviewed included detailed assessments of risk that had been completed with each patient and reviewed regularly, including after any incidents.

Management of patient risk

If patients requested to be seen more urgently staff accommodated this when possible. Non-medical staff gave clear examples where they had escalated patient request to the consultant psychiatrist who had taken appropriate action and managed any potential risks.

All staff followed clear personal safety protocols, including for lone working.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role.

Staff kept up-to-date with their safeguarding training.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them

Community-based mental health services for adults of working age

Good

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager monitored outcomes of safeguarding referrals made. Where appropriate, patients were signposted to access support regarding safeguarding issues from other services in the community. For example, several patients had been signposted to local third sector organisations who provided support for people who had suffered domestic violence.

Systems were in place to ensure the registered manager would take part in serious case reviews and make changes based on the outcomes if needed.

Staff access to essential information

The consultant psychiatrist kept detailed handwritten notes of each patient's care and treatment. Records were up-to-date and easily accessible to the clinician when needed.

Although the service used a combination of electronic and paper records, staff made sure they were up-to-date and complete.

Records were stored securely, and non-medical staff completed checks to ensure contents of patient's folders were complete.

In some folders we viewed paper records were kept in a loose sleeve. Potential this meant they could become disorganised making it more difficult for staff to audit effectively.

Medicines management

The service used systems and processes to safely prescribe medicines. The consultant psychiatrist ensured the effects of medication on each patient's mental and physical health were reviewed. The service did not administer medicine directly to patients or store any medication on site.

We reviewed the prescriptions for 10 patients and found the consultant psychiatrist followed current national practice when prescribing patients' medicines.

Staff stored prescribing documents in line with the provider's policy. However, the provider had not ensured that void prescriptions had been destroyed in good time. Although this had not resulted in any incidents and the prescriptions had been stored securely, the service should ensure that void prescription documents are destroyed within a set time frame. The registered manager took action to rectify this issue during the inspection.

The consultant psychiatrist worked closely with other healthcare professionals to ensure the effects of medication on patients' physical health were regularly reviewed and monitored. This included review of patients who were prescribed antipsychotic medication. The consultant psychiatrist provided specific advice to patients about their medicines in a way they could understand.

The provider followed the overarching principles set by the General Medical Guidance (GMC) around prescribing medication where treatment was delivered online. No other staff beside the consultant psychiatrist had access to the authorised signature needed to complete patient prescriptions.

Patients could select a pharmacy of their choice for a prescription to be dispensed.

Community-based mental health services for adults of working age

Good

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed serious incidents well. There had been two serious incidents in the service over the last 12 months. The consultant psychiatrist had investigated these incidents and shared lessons learned with the whole team and offered them emotional support. The service had also supported the family of the patients and had involved them in any follow investigations where appropriate. The provider had also updated its 'investigating incidents policy' to ensure there was a clear threshold to trigger external review of incidents by a third-party organisation.

The consultant psychiatrist met with other clinicians to discuss feedback from incidents and consider improvements to patient care. They also completed an annual appraisal with a third-party body that incorporated a review of incidents.

Staff knew what incidents to report and how to report them. The registered manager investigated incidents and identified learning to improve the service. This was shared with the team at clinical governance meetings. There was evidence that changes had been made as a result of feedback. For example, following some disruptions caused by IT systems the service had made changes to reduce the likelihood of similar problems reoccurring.

Staff understood the duty of candour and had policies and procedures in place. Staff understood the importance of being were open and transparent and would give patients and families a full explanation if things went wrong.

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

Good

We rated it as good.

Assessment of needs and planning of care

The consultant psychiatrist completed comprehensive mental health assessments with each patient. They highlighted the importance of taking time to understand patient's individual needs over several sessions before offering a diagnosis or agreeing on a set treatment plan. Patients commented they found this approach effective.

The consultant psychiatrist worked with patients and their families when appropriate, to plan care and adapted this plan in response to the patients changing needs. We reviewed the records for 10 patients. Each contained detailed plans of care, that reflected the assessed needs of each patient that were personalised, holistic and recovery-oriented.

The service worked in partnership with patients' GPs and other relevant specialists to ensure patients' physical health was assessed and monitored.

Best practice in treatment and care

Community-based mental health services for adults of working age

Good

Patients were provided with treatment and care that was based on national guidance and best practice. The service ensured that patients had good access to physical healthcare and supported them to live healthier lives. The consultant psychiatrist used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit.

The consultant psychiatrist ensured patients had access to a range of treatment and care that was based on national guidance and best practice. Interventions offered to patients were those recommended by and were delivered in line with National Institute for Health and Care Excellence (NICE) guidance. The consultant psychiatrist had specialist knowledge of Cognitive Behaviour Therapy (CBT) and aimed to use a blended approach offering psychological and pharmacological interventions.

The service ensured that patients had good access to physical healthcare and supported them to live healthier lives. The consultant psychiatrist did not assume the lead role for managing patient's physical health issues. This was clearly defined within the services scope of practice and made clear to patients. GPs that we spoke to commented that the service maintained clear lines of communication with them.

The service supported patients to live healthier lives. For example, helped patient access other services such to support healthy eating advice, manage cardiovascular risks, improve sleep, dealing with issues relating to addictions.

The consultant psychiatrist used recognised rating scales to assess and record severity and outcomes. For example, both the Beck Anxiety Inventory (BAI) and Depression inventory (BDI) were completed at the start of a patient's treatment and used to monitor progress. Patients we spoke with said the treatment they received had positive outcomes on their mental and overall health.

The manager ensured relevant clinical audits took place and any learning was shared with the team where applicable. This included completion of a clinical score card every quarter. Due to some operational challenges, there had been some gaps in auditing activity. This included the audit used to capture what percentage of patients reported lower depression and anxiety by the end of treatment. Although we found no impact on patient care and treatment, audits should be completed to ensure that issues and identified and rectified.

Staff had used technology to support patients effectively. This included moving to remote delivery during the COVID-19 pandemic to ensure patients could still access the care and support they needed.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The consultant psychiatrist worked with the full range of specialists required to meet the needs of patients under their care. The consultant psychiatrist worked alongside occupational therapists, clinical psychologists, social workers, pharmacists and dieticians to ensure patients' needs were met. The service also has easy access to Cognitive Behaviour Therapists (CBT) through a sister company and could refer patients to as part of their treatment.

The consultant psychiatrist took steps to ensure they remained clinically effective. They completed an annual appraisal through an independent body every year and followed guidance on revalidation set out by the General Medical Council

(GMC). They also attended a quarterly peer review with other clinical professionals to reflect on their own practice. In addition, the consultant psychiatrist was also part of multiple multi-disciplinary team forums, some consisting of pharmacist, nurses, occupational therapists, doctors, and commissioners who met to discuss complex issues and review policy issues. Since leaving the NHS in 2013, the consultant psychiatrist continues to donate 12 days of practice to the NHS each year. This is through their work with the National Association of Psychiatric Intensive Care and Low Secure Units (NAPICU).

The registered manager made sure non-medical staff had the right skills, qualifications and experience to meet the needs of the patients. Leaders identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, staff had access to additional training in bookkeeping and business administration. The registered manager had also completed a post-graduate certificate in CBT, paid for by the service.

Managers supported staff through regular, constructive appraisals of their work. Managers made sure staff attended regular team meetings and gave information to those who could not attend. Managers made sure staff received any specialist training for their role. Managers recognised poor performance, could identify the reasons and dealt with these.

Managers provided an induction programme for new staff.

Multidisciplinary and interagency team work

The service had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation. As part of our inspection we spoke with two independent GP practices who worked with the service to deliver care and treatment to patients. Both were complimentary about the consultant psychiatrists and the care he delivered to patients.

Staff only shared information about patients and any changes in their care with other services when appropriate. The service recorded consent to share information clearly in individual patient's individual records.

Some patients did not consent to their GP being contacted by the service or did not have a GP at all. In these cases, the consultant psychiatrist explained the potential risks associated with the service not being able to share information with patient's GP. They would only offer treatment to patient in these circumstances if they deemed it clinically appropriate and safe to so.

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

The consultant psychiatrist understood their role and responsibilities under the Mental Health Act 1983 and associated Code of Practice. The consultant psychiatrist had previously undergone comprehensive training and demonstrated clear knowledge of the Act.

Due to the scope of practice, referrals for people subject to treatment under the Mental Health Act, including those on community treatment orders, did not sit within the acceptance criteria for the service. The consultant psychiatrist was aware of how to make a referral for a Mental Health Act assessment should it be required and had practicing privileges and admitting rights at a local inpatient mental health hospital.

Good practice in applying the Mental Capacity Act

Community-based mental health services for adults of working age

Good

The consultant psychiatrist understood their legal responsibilities in relation to the Mental Capacity Act (MCA) and associated Code of Practice. This included obtaining informed consent from patients before delivery of treatment.

All patient records we reviewed showed where patients had consented to treatment. If the consultant psychiatrist had any concerns relating to potentially impaired capacity of a patient, they were aware of their responsibilities to safeguard the patient under the MCA.

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

Outstanding ☆

We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with humility, compassion and kindness. Feedback from people who use the service and stakeholders was positive about the way staff treated people. Most patients we spoke with felt the care and support they received had exceeded their expectations and described the service as 'outstanding'. Some described occasions where they felt the consultant psychiatrist and staff had gone the extra mile to support them. This included providing support outside of normal working hours.

The service adopted a truly person-centred approach. As patients accessed the service based on their individual preference, there was a strong focus on achieving patient satisfaction, whilst following the scope of practice.

Leaders had also gone above and beyond to create a caring organisational culture, to ensure staff remained motivated and driven to provide the best possible experience for patients. For example, the service invested in staff and funded their access to specialist training. During the COVID-19 pandemic they had provided access to activities to support staff wellbeing at home and arranged remote access to mindfulness and sessions with an external personal trainer. Patients we spoke to consistently said staff were always helpful and took time to listen to them. Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and felt very well supported by their team.

Consideration of people's privacy was embedded into everything the service did. For example, the consultant psychiatrist kept paper copies of any notes made during patient sessions and stored these in a secure place. If any information was transcribed into letters or shared with other professionals, patients' consent was always gained. Patients were included in any correspondence between the consultant psychiatrist and other clinicians involved in their care.

The service had ensured external reception staff employed by the building landlord, had received the relevant training on privacy and followed General Data Protection Regulations (GDPR). The service also provided an alternative, more discrete entrance for clients to use if they were concerned about their privacy.

Multiple patients told us the discretion of the service was a key component of their treatment and created a safe space for them to access support – many commenting that they felt other services did not provide this.

Community-based mental health services for adults of working age

Good

Whilst delivering the service online, the staff had taken steps to ensure people's privacy was protected by using secure digital platforms.

Involvement in care (patients and their families or carers)

The service was fully committed to working in partnership with people. Each patient had an individual plan of care in place. We reviewed the records of 10 patients and found all included the individual voice and opinions of patients. Decisions made about patient care and treatment were made in tandem with patients and the consultant psychiatrist. Patients said that the consultant psychiatrist used their knowledge and experience to explain care and treatment in a way they understood and responded to their individual queries and questions promptly.

The service empowered patients to understand and manage their own care, treatment or condition. As well as providing clinically-based interventions the consultant psychiatrist aimed to support the overall wellbeing of each patient and provided emotional support and advice when needed. For example, they advocated activities such as meditation and exercise to help patients stay well in the community.

People's individual preferences and needs were reflected in how care was delivered, and staff actively sought their feedback on the quality of care provided. The service listened to feedback from patients to introduce new initiatives to offer them ad-hoc support when they felt they needed it. This included setting up a peer support group where patients who may have experienced domestic violence could connect with one another in a safe environment, monitored by the registered manager.

Some patients fed back the consultant psychiatrist was flexible in meeting their needs and willing to go above and beyond to ensure they accessed the best care possible. For example, the consultant psychiatrist had worked internationally to collaborate with other clinicians involved in the delivery of patient's care.

Staff involved patients in decisions about the service. For example, a patient representative had sat on the interview panel during the recruitment of new non-medical staff members.

The service welcomed the involvement of families and carers, where appropriate, and adapted the level of their involvement based on each patient's own preferences. Family members we spoke to said they felt valued as assets in patient's recovery journey and that staff had listened to them. Staff gave clear examples were the service had provided emotional support to families and carers as well as patients.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services.

Are Community-based mental health services for adults of working age responsive?

Good

We rated it as good.

Access and waiting times

Community-based mental health services for adults of working age

Good

The service was easy to access. The service offered pre-booked appointments at a range of different times to meet the needs of patients. The service did not offer walk in appointments and did not operate on a 24-hour basis. Staff worked as a team to ensure a quick response to any requests for appointments. However, patients were aware the service did not offer emergency or crisis support and were provided with information of which services to access for immediate support if needed.

The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.

Patients who required more urgent care were seen promptly. No patient who required care waited long to receive treatment. Staff escalated referrals for patients who indicated they needed appointments to the consultant psychiatrist, who had protected time allocated to their weekly schedule to respond to more urgent requests. The service aimed to respond to all referrals (referral to triage) within 24 hours: however, due to unforeseen circumstances at the time of our inspection this had been extended to up to 48 hours. After triage, the average wait to see the consultant psychiatrist was eight days with some patients seen on the same day.

The service had recently introduced a new system to help monitor waiting lists to ensure they had oversight of all patient contacts, even for referrals that were not accepted.

Appointments ran on time. Staff followed up patients who missed appointments. In response to patient feedback, the service had also started to send automated text messages to remind people of their appointments. Staff worked hard to avoid cancelling appointments and when this was necessary, they gave patients clear explanations and offered new appointments as soon as possible.

Patients had some flexibility and choice in the appointment times available. All patients we spoke to said that the service was always quick to respond to their requests for appointments. The service had plans in place to introduce an online booking system to allow patients greater ease of access.

The facilities promoted comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity and created a therapeutic atmosphere.

The service had access to rooms and relevant equipment needed to support treatment and care of patient. The service did not require a clinic room.

The service was based in a shared building operated by a third-party landlord. Patients had access to a spacious waiting room with hot and cold drinks available.

Appointments were delivered in the consultant psychiatrist's office. This room had adequate sound proofing to protect privacy and confidentiality. The main entrance to the building required access via a buzzer managed by the reception staff. This meant members of the public were unable to walk in without prior arrangement.

The service provided a separate, more discrete, entrance into the building for patients to use if they wished.

Meeting the needs of all people who use the service

Community-based mental health services for adults of working age

Good

The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The building the service was based was accessible for people with physical disabilities.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Information was also provided about the costs of initial consultations and further treatments. This was recorded on the patient's registration form and discussed at their first appointment. If a person self-referred to the practice and staff had any concerns about their ability to pay the appointment fees, they were not accepted as a patient and directed to other more appropriate services.

The service had could access information in a variety of accessible formats and languages. The service could also support and make adjustments for people with disabilities, communication needs or other specific needs if needed. For example, the service could access interpreters if needed. When referring patients to further services, such as private Cognitive Behavioural Therapists (CBT), the consultant psychiatrist tried to match patients with therapists who spoke the same first language as them.

Listening to and learning from concerns and complaints

The service had received no complaints within the last 12 months. However, there were appropriate systems and processes in place to ensure any concerns and complaints were treated seriously, investigated and any lessons learned would be shared with the whole team.

Patients, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them. Staff gave examples where low-level concerns such as administrative errors had been raised by patients and were able to describe how they had intervened and resolved these issues.

The service used compliments to learn, celebrate success and improve the quality of care.

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

Good

We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The service was led by the consultant psychiatrist who was a director of the service and his partner who was also a director. Managing the operational aspects of the service was a registered manager.

Community-based mental health services for adults of working age

Good

Leaders and the registered manger had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

The directors, including the consultant psychiatrist, were interested in staff development and provided progression opportunities and access to specialist training for staff.

Vision and strategy

The service had a very clear vision to go from 'better to best'. Staff understood and reflected this in their day to day work. All staff we spoke to demonstrated enthusiasm to improve the service and to provide the best service possible.

Staff had the opportunity to contribute to discussions about the strategy of the service, especially where the service was changing. For example, when moving the service to a virtual delivery model during the pandemic, leaders consulted staff and supported them to minimise disruption to their working environment where possible.

Leaders said that any decision to move back to face-to-face appointments would be made as a team and staff would be involved in the planning of this change. The whole team attended the clinical governance meetings and felt able to raise ideas and suggestions relating to service delivery at this meeting.

Culture

Staff felt respected, supported and valued. During interviews all staff said they felt proud to work at the service.

Leaders fostered an open and inclusive working environment and wanted staff to feel motivated to provide the best service they could for patients. As part of this they had organised social outings and invested in training opportunities for staff.

The service had an equality and diversity policy in place that staff were aware of. All staff had completed mandatory training in relation to equality and diversity. They said the provider promoted equality and diversity and provided opportunities for development and career progression.

All staff said they could raise any concerns without fear.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively, and that performance and risk were managed well.

There was a clear framework of items discussed at governance meetings to ensure essential information, such as learning from incidents and complaints, was shared. Governance meetings were held regularly and would increase in frequency if needed. The whole team attended these meetings. The risk register for the service was kept up-to-date and staff knew what was on it and how to raise new risks.

Staff had implemented recommendations from reviews of deaths, incidents, complaints and safeguarding alerts, where appropriate.

Community-based mental health services for adults of working age

Good

Staff undertook or participated in clinical audits. The audits provided assurance and staff acted on the results when needed.

However, due to extenuating circumstances, including those relating to the COVID-19 pandemic, the registered manager had been unable to carry out some of their usual duties to ensure other essential operational activity continued. This meant there had been some gaps where audits had not been completed on time; this included the monthly care record audits and aspects of the 'clinical score card' completed every quarter. Whilst we found no direct impact on patient care and treatment, managers should ensure all audits are kept up-to-date to maintain full oversight over the whole service to monitor potential areas of improvements quickly.

Some policies were also overdue for review. We found no evidence this had impacted on the quality of patient care and treatment, but it did present a potential risk. The service should review policies regularly to ensure staff have access to the most up-to-date guidance on working practice available and can implement it consistently.

The registered manager had raised these issues as potential risks with leaders who had commissioned an external review of the service's governance procedures and policies, due to take place in July 2021.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care.

The service had plans for emergencies and implemented contingency plans when needed. For example, the service had responded well to operational challenges outside its control. At the start of the COVID-19 pandemic the service quickly switched to remote online delivery of appointments so that patients could still access care and treatment.

Regular meetings about COVID-19 were held, and managers had ensured all staff were kept up to date with any local and national changes. Many staff and patients we spoke to commented on how the service had managed the service well and performance had not been compromised despite extenuating circumstances.

Where issues relating to individual staff performance had been identified the provider had responded compassionately to this and minimised disruption to the service.

Staff maintained and had access to the risk register and could escalate concerns when required at clinical governance meetings. The small team also maintained communication channels to contact one another outside of working hours if they had any concerns or needed to access support quickly.

Specific risks posed to the health and safety of staff who were working from home had been assessed. Staff had been advised about the correct use of display screen equipment and national guidance from the Health and Safety Executive (HSE) during their supervisions and via email updates.

Information management

Staff collected and analysed data about outcomes and performance and engaged in local and quality improvement activities.

Staff had access to the equipment and information technology needed to do their work. The information technology infrastructure, including the telephone system, worked well and helped to improve the quality of care.

Community-based mental health services for adults of working age

Good

Information governance systems included confidentiality of patient records. The registered manager used tools provided by the information commission office to ensure the way the service stored personal information met national standards. All portable devices used within the service such as tablets and laptops were encrypted and required a two-step verification process to access them.

The provider ensured all information was archived. The registered manager had put arrangements in place to manage records containing personal information if the provider ceased to trade.

Staff were given the time and support to consider opportunities for improvements and innovation and this led to changes. For example, the creation of a peer support group for patients at risk of domestic violence and the introduction of a new online patient tracker to monitor all patient contacts more effectively.

There were no specific national accreditation schemes for the service to participate in. However, the psychiatrist ensured his own clinical practice was reviewed externally on a regular basis and participated in other activities to ensure care and treatment provided was effectiveness.