

Priory Healthcare Limited

# Priory Wellbeing Centre - Fenchurch Street

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

### Overall summary

We rated the Priory Wellbeing Centre - Fenchurch Street as **good** because:

- The premises were clean.
- Staff followed a lone worker procedure to promote their safety. Staff followed safeguarding procedures.
- Consultant psychiatrists were qualified and experienced and effectively liaised with GPs and therapists.

- Staff were respectful towards people.
- The provider investigated complaints thoroughly and took action to improve the service.
- The provider had undertaken checks of the building and the quality of record keeping.

However:

# Summary of findings

- The provider did not have effective systems in place to check that alarms were working effectively and equipment, such as weighing scales, had been calibrated in accordance with the manufacturer's recommendations.
- The provider did not have clear policies and procedures about the assistance the service gave patients in relation to addiction problems at the location.
- Staff had not always completed formal risk assessments and treatment plans.

# Summary of findings

## 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:

- The premises were clean and well-maintained.
- Consultant psychiatrists working at the service were appropriately experienced and qualified.
- Staff safety was promoted through a lone working procedure which was put into practice.
- Staff followed safeguarding procedures.

Good



### Are services effective?

We rated effective as good because:

- Consultant psychiatrists were flexible about the times of appointments and liaised with patients' GPs about their treatment.
- Consultant psychiatrists communicated effectively with therapists at the service.

Good



### Are services caring?

We rated caring as good because:

- Staff were respectful and polite with patients.

Good



### Are services responsive to people's needs?

We rated responsive as good because:

- The service responded effectively to people's complaints.

Good



### Are services well-led?

We rated as good

- The provider was in the process of developing procedures which were specific to out-patient services but these were not in place at the time of the inspection.

However:

- Consultant psychiatrists understood the provider's values.

Good



# Priory Wellbeing Centre - Fenchurch Street

## Detailed findings

### Background to this inspection

Priory Wellbeing Centre - Fenchurch Street is an independent clinic provided by Priory Healthcare Limited. The CQC regulated activity is 'the treatment of disease, disorder or injury'. Most of the clinic sessions offered at the service do not come within the scope of this regulated activity. The service's promotional material offered people help with a wide range of issues including addictions. The provider had generic procedures about treating people for addictions which was appropriate for in-patient settings. The provider was in the process of developing procedures for out-patient services but these were not in place at the time of the inspection.

Consultant psychiatrists provide up to ten sessions for individual patients at the service which come within the scope of CQC regulated activities. Consultant psychiatrists told us they mainly used the service as an out-patient clinic for patients who they had treated previously as in-patients. They said they saw other patients for a variety of reasons. For example, some patients were seen because they had requested a second opinion from a psychiatrist and others were seen as a first point of contact prior to an admission to hospital. We were unable to speak with any patients who were receiving treatment from psychiatrists during the inspection.

# Are services safe?

## Our findings

### Safe and clean environment

- In each consultation room there was a personal alarm which staff could use in an emergency. A therapist told us a manager at the service had explained how the alarm could be used when they started to work at the service.
- 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. This was appropriate for this type of service. The provider had not ensured that the weighing scales and the blood pressure monitor had been checked at the appropriate interval to ensure they were calibrated correctly.
- All parts of the premises appeared clean and well maintained. The provider employed a sub-contractor to clean the building and records of cleaning were not available at the inspection.
- Equipment such as the weighing scales was clean.

### Safe staffing

- The two consultant psychiatrists we spoke with told us that they were able to see patients referred to the service very quickly and there was no waiting-list. They told us they covered for each other during periods of leave or sickness. The provider did not employ locum doctors at the service.
- We spoke to a therapist who said that they were easily able to ask a consultant psychiatrist for advice and support should this be necessary.
- We reviewed training information for the service. This showed the three permanent non-clinical staff had received 100% of their required mandatory training. This included safeguarding adults, safeguarding children, confidentiality and data protection and infection control. We confirmed that the three 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

- We looked at seven treatment records for patients who had received treatment from a consultant psychiatrist. We were satisfied from progress notes and from other documents, such as letters that were sent to patients'

GPs, that consultant psychiatrists had assessed and reviewed risks to patients. However, the provider's standard risk assessment documentation had not been used.

- Consultant psychiatrists told us they were easily 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.
- The service did not operate a waiting-list. Patients were given information about who to contact in a crisis.
- Staff at the service were trained in adult and childrens safeguarding and had made referrals appropriately when they had concerns.
- There was a lone worker policy in place for the service which explained that there should always be two staff members on site. A therapist confirmed that he was aware of this policy and that it was put into practice.
- There was an up to date health and safety risk assessment of the premises which explained how staff mitigated identified risks. For example, staff were expected to ensure patients were not left on their own, in any place other than the toilets.
- The provider had checked that Consultant psychiatrists practicing at the service had maintained their professional registration and were fit to practice.

### Track record on Safety

- Therapists had appropriately reported safeguarding concerns and these had been recorded as serious incidents. There were no other serious incidents.

### Reporting incidents and learning from when things go wrong

- The consultant psychiatrists 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 across the provider's services. No serious incidents had occurred at the service.

### Duty of candour

- The provider had a duty of candour policy. Staff were open and honest with patients when responding to complaints.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment of needs and planning of care

- Consultant psychiatrists told us they were as flexible as possible in terms of when and where they saw patients. They said they offered patients follow up out-patient appointments at the service if it was a convenient location for the patient.
- Treatment records contained information on the treatment offered to patients, in the form of progress notes and letters to GPs and other health care professionals, which demonstrated that consultant psychiatrists had assessed patients' individual needs. For example, they obtained information on patients' social circumstances and personal relationships and used this to plan their treatment. However, we did not see any formalised treatment plan documentation.
- Some information such as completed consent forms was retained in paper format and there was an additional electronic records system. Consultant psychiatrists said they had access to the information they needed when seeing patients. On two of the patient records there were referral letters written by the consultant psychiatrists to therapists which included key background information. A therapist we spoke with told us that communication from consultant psychiatrists was effective.
- Records were stored securely in the premises.

### 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 were able to arrange for patients to access psychological therapies, such as cognitive behavioural therapy, as recommended by NICE.
- The consultant psychiatrists we spoke with told us they always prescribed medicines within NICE guidelines.
- The provider offered assistance with addictions in its promotional material about the service. The service did not have a localised policy and procedure on this. Consultant psychiatrists told us people who self-referred for help with an addiction would be assessed using the provider's generic procedures which were in line with NICE guidance. They said the service

did not aim to offer a community withdrawal or detoxification service and patients who required this type of service would be offered assistance through one of the provider's in-patient facilities.

- Some auditing of records had been carried out at the service but this did not encompass work carried out by consultant psychiatrists.
- The service measured outcomes in terms of patient satisfaction but patients of consultant psychiatrists had not given feedback.

### Skilled staff to deliver care

- Experienced consultant psychiatrists assessed and treated patients who were using the service.
- We confirmed that the registration and annual revalidation of the consultant psychiatrists who provided treatment at the service was up to date.
- We read a consultant psychiatrist's appraisal which demonstrated they had the required professional competencies and the opportunity to develop their skills.

### Multi-disciplinary and inter-agency team work

- Consultant psychiatrists and a therapist told us there was good communication between professionals at the service when this was required to ensure effective patient care.
- Consultant psychiatrists said they were easily able to arrange in-patient admissions to the provider's hospitals when this was required.
- The seven patient treatment records we viewed demonstrated that consultant psychiatrists effectively informed GPs about individual patient treatment plans.

### Adherence to the MHA and the MHA code of Practice

- Patients using the service were not subject to the Mental Health Act.

### Good practice in applying the MCA

- The two consultant psychiatrists we spoke with had a good understanding of the Mental Capacity Act (MCA). The provider had policies and procedures on the use of the Mental Capacity Act.
- The consultant psychiatrists told us that in accordance with the MCA, they presumed that the patients they saw

# Are services effective?

(for example, treatment is effective)

at the service did not have impaired 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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and support

- We saw that people visiting the service for therapy appointments were treated politely and respectfully by reception staff.
- We read seven feedback forms completed by people attending the service for therapy. People said they were treated with kindness by staff.
- Patient confidentiality was maintained.

### The involvement of people in the care they receive

- We reviewed seven treatment records. These showed that patients were fully involved in planning their treatment in discussion with the consultant psychiatrist.
- Consultant psychiatrists 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 positive care and treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Access and discharge

- The provider did not have targets for time from referral to assessment and from assessment to treatment. The provider had a target for the service to send people who enquired about the service an information pack within two working days. This was routinely achieved. The information pack included the terms for private treatment, a consent and financial agreement and questionnaires on people's mental health. Once the person had returned the consent and financial agreement form and the questionnaire they were contacted and offered an appointment which was usually within a few days.
- The provider advertised the service as offering help with a broad range of mental health issues. Before accessing the service patients consented to paying for the service and were told the cost of services.
- Patients were able to choose when they saw a consultant psychiatrist and were able to arrange evening appointments if they wished.

### The facilities promote recovery, comfort, dignity and confidentiality

- Interview rooms were sound-proofed and well maintained.
- Information was available to patients in the waiting area about how to complain and how to access advocacy services.

### 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 complaints

- People using the service knew how to complain. From 1 March 2015 to 31 March 2016 there had been seven complaints. All but one of the complaints related to appointments with therapists and were about issues such as the person not receiving notice of the cancellation of an appointment because the service had accidentally sent it to the wrong email address. The provider had learnt from this incident and addressed the issue through supervision and training of administrative staff.
- The provider investigated people's complaints thoroughly. In the year before the inspection, seven complaints had been received. Three complaints were upheld and four were partially upheld. Managers of the service had taken action to improve the service to patients by taking up these issues with the staff involved.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

### Vision and values

- Consultant psychiatrists 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.
- The service's promotional literature emphasised the accessibility of the service and reflected the provider's values.
- Senior managers in the service have visited the location.

### Good governance

- The provider's governance arrangements included checks which ensured consultant psychiatrists working at the service were appropriately qualified and competent. For example, the provider asked consultant psychiatrists to provide evidence of the professional registration and professional development activities. There were appropriate incident and complaint reporting systems in place which enabled learning. There was a system for service user feedback.
- Some audits had taken place of the physical environment and therapist case records. However, there was no system in place to check that the personal alarms in the consulting rooms were working effectively and that equipment was calibrated at the manufacturer's recommended intervals.
- Staff at the service used the provider's generic procedures which were appropriate to in-patient

services. Senior managers told us specific out-patient procedures were in development. For example, promotional literature for the service said that the service provided help with addictions. Although the provider had appropriate generic policies and procedures on addictions these did not explain how a patient attending a community service would be assisted.

- There was appropriate administrative support at the service.
- The service held a risk register which included reference to appropriate issues such as the large number of sessional therapists working at the service and the stronger focus required to ensure these staff understood and followed the provider's policies and procedures.

### Leadership, morale and staff engagement

- Consultant psychiatrists 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 have input into service development.

### Commitment to quality 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. They said there had been no improvement initiatives specific to the service.