

# Tavistock and Portman NHS Foundation Trust

## Specialist psychological therapy services

### Quality Report

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Date of inspection visit: 25 - 29 January 2016

Date of publication: 27/05/2016

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RNK01	The Tavistock Centre	Fitzjohn's unit	NW3 5BA
RNK01	The Tavistock Centre	Lyndhurst unit	NW3 5BA
RNK01	The Tavistock Centre	Portman clinic	NW3 5BA
RNK01	The Tavistock Centre	Trauma unit	NW3 5BA
RNK01	The Tavistock Centre	City and Hackney Primary Care Psychotherapy Consultation Service	NW3 5BA

This report describes our judgement of the quality of care provided within this core service by Tavistock and Portman NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

# Summary of findings

Where applicable, we have reported on each core service provided by Tavistock and Portman NHS Foundation Trust and these are brought together to inform our overall judgement of Tavistock and Portman NHS Foundation Trust.

# Summary of findings

## Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

### Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

# Summary of findings

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# Summary of findings

## Overall summary

We gave an overall rating for specialist psychological therapy services as **good** because:

- The staff provided patients with good quality psychological therapies. Therapists were well qualified and experienced. Therapists undertook a comprehensive assessment of each patient at the initial assessment and corresponded regularly with referrers. The psychological therapies provided were evidence-based. The City and Hackney primary care psychotherapy consultation service (PCPCS) had won a major award in 2015 for their creative approaches to working with people with medically unexplained symptoms. The PCPCS provided groups tailored to the needs of the local Turkish speaking population and other black and ethnic minority groups who traditionally did not use psychological therapies. Some teams were undertaking innovative projects to enhance patient care and treatment or were involved in research.
- Despite high demand, the services generally managed patient referrals well. Staff assessed most patients promptly. When this was not possible, staff reviewed patients who were waiting and offered support. Teams took action to follow up patients who did not attend appointments.
- The trust supported staff well. This was reflected in the annual staff survey which showed that the trust scored amongst the top 20% of trusts on most measures. There were few vacancies, a low staff turnover and low rates of staff sickness. Managers ensured that staff received ongoing specialist training, supervision, appraisal and professional development.
- Most patients had positive experiences of care. Staff were caring, friendly and dedicated and gave patients opportunities to engage in groups and provide regular feedback to the trust about their experience. Few patients complained about the service.
- The services had a good safety record. There had been very few incidents in the last 12 months. Staff

knew how to report incidents. The trust highlighted lessons learned from incidents in the quality newsletter, at mandatory in-service training sessions and at team meetings. The care environments were safe, well maintained and visibly clean.

- Overall the teams were well-led and managers were very experienced.

However:

- Risk assessments and risk management plans were not always robust. At the Portman clinic, which cared for the most high risk patients in the trust, care records lacked vital information about the risks affecting patients and how the risks were being safely managed. This lack of information put staff and others at risk. Care records lacked important correspondence from external agencies. In some services patients did not always have individual crisis plans to mitigate risks to patients in a crisis readily available to staff
- The Portman clinic did not offer separate waiting rooms for children and adults. Due to the nature of the service and the background of the patients that attended the clinic, a shared waiting room put young adults and children at risk of harm. Despite mitigating action taken by the trust, this was not appropriate and potentially unsafe.
- The provider had not carried out infection prevention and control risk assessments in premises where patients were seen.
- Not all teams were using the new electronic patient records system. Records of children and young people using services at the Portman clinic did not demonstrate that issues of capacity or Gillick competence had been discussed or assessed.
- The Portman clinic was not accessible to people with disabilities who would benefit from group therapy. Individual therapy could be offered in another building.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We rated safe as **requires improvement** because:

- Risk assessments and risk management plans were not always robust. At the Portman clinic, which cared for the most high risk patients in the trust, care records lacked vital documentation about the risks affecting patients and how the risks were being safely managed. This lack of information put staff and others at risk.
- The Portman clinic did not offer separate waiting rooms for children and adults. Due to the nature of the service and the background of the patients that attended the clinic, a shared waiting room put young adults and children at risk of harm. Despite mitigating action taken by the trust, this was not appropriate and potentially unsafe.
- Patient crisis plans were not always in place or were not readily available to staff.
- At the Portman clinic records showed that fire alarms were not tested every week. No fire alarm checks had taken place at the Portman clinic between May and October 2015. In therapy rooms desk and chairs partially obstructed fire exits.
- The provider had not carried out infection prevention and control risk assessments in premises where patients were seen.

However:

- The care environments were safe, well maintained and visibly clean.
- Almost all staff had completed and were up to date with mandatory training.
- The services had few vacancies, a low staff turnover and low rates of staff sickness.
- The services had a good safety record. There had been very few incidents in the last 12 months. Staff knew how to report incidents. The trust highlighted lessons learned from incidents in the quality newsletter, at mandatory in-service training sessions and at team meetings.

Requires improvement



### Are services effective?

We rated effective as **good** because:

- All patients received a comprehensive assessment at their initial consultant with a therapist
- The services provided patients with a range of evidence-based psychological therapies.

Good



# Summary of findings

- Care records demonstrated that clinicians regularly corresponded with patients' GPs. They sent out patient treatment plans and an update of risk, if required.
- Staff had received an annual appraisal. They received good supervision and met regularly to discuss complex cases. There were excellent opportunities for specialist training and on-going professional development.
- Staff in all teams were experienced and qualified to provide psychological therapies.
- The City and Hackney primary care psychotherapy consultation service (PCPCS) had won a major award in 2015 for their creative approaches to working with people with medically unexplained symptoms and other complex mental health presentations in primary care.

However:

- Not all teams were using the new electronic patient records system effectively.
- Records of children and young people using services at the Portman clinic did not demonstrate that issues of capacity or Gillick competence had been discussed or assessed.
- Patients' physical health needs were not routinely considered in assessments.

## Are services caring?

We rated caring as **good** because:

- Staff in all teams were caring, friendly and dedicated to their profession. Most patients had positive experiences of care and had opportunities to engage in groups and provide regular feedback to the trust about their experience.

Good



## Are services responsive to people's needs?

We rated responsive as **good** because:

- Most services met the waiting time targets from referral to assessment of 11 weeks except the PCPCS, which was not meeting the target due to increased demand. The service had put in measures to review patients at regular intervals and offer additional support while they waited. The Fitzjohn's unit had a waiting list for treatment but staff met with patients regularly while they were on the waiting list.
- The teams took action to follow up patients who did not attend appointments. Appointments ran on time and were rarely cancelled.

Good



# Summary of findings

- The PCPCS provided groups tailored to the needs of the local Turkish speaking population and other black and ethnic minority groups who traditionally did not use psychological therapies.
- Patients had made very few complaints about services. Staff knew how to handle complaints appropriately

However:

- The Portman clinic was not accessible to people with disabilities, who would benefit from group therapy, although they could receive individual therapy in another building.
- There were few information leaflets on display in patient waiting areas.
- Despite active management of the increasing number of referrals to PCPCS some patients had to wait several months for treatment.

## Are services well-led?

We rated well-led as **good** because:

- Overall the teams were well-led and managers were very experienced.
- The results of the annual staff survey were very positive showing that the trust scored amongst the top 20% of trusts on most measures. Staff were very happy to work in the trust. Staff felt very well supported and confident to raise any concerns to their manager.
- Some teams were undertaking innovative projects to enhance patient care and treatment or were involved in research.

However:

- Managers at the Portman clinic had not identified that some patient risk assessments were poorly completed or did not reflect current risks. There were shortfalls in the completion of crisis plans for patients across all teams.

**Good**





# Summary of findings

## Information about the service

The Tavistock and Portman NHS Foundation Trust provides specialist psychological therapy services. The services provide outpatient assessment and treatment, primarily to adults. However, the Portman clinic treats both adults and children.

The services we inspected were the Lyndhurst unit, Fitzjohn's unit and the Trauma unit, which are located at the Tavistock Centre and the Portman clinic, which is located near to the Tavistock Centre. The City and Hackney primary care psychotherapy consultation service (PCPCS) is located at St. Leonard's Hospital, within the London borough of Hackney.

The Lyndhurst unit offers a service, which includes a preliminary assessment. The team offers different treatment options, which includes the provision of psychodynamic therapy to patients with complex and enduring mental health problems and who have already received treatment from primary and secondary care services. The Lyndhurst Unit primarily accepts referrals from Camden, West London, Hertfordshire and East London.

The Fitzjohn's unit provides psychotherapy to patients with severe and enduring mental health problems. Most patients live in the local area.

The Trauma unit provides treatment to patients that have experienced post-traumatic stress disorder and to patients with more complex backgrounds. The team offers psychotherapy as well as eye movement desensitisation and reprocessing therapy, which is treatment for trauma symptoms. Most patients are from the London area.

The Portman clinic provides assessment and treatment for patients primarily presenting with difficulties relating to violence and sexual compulsions. The Portman clinic provides a national service.

The PCPCS provides specialist assessment and treatment for patients with mental health problems in primary care. The team engages with patients who have previously found it difficult to access services. The service is based within GP surgeries and focusses on the treatment of medically unexplained symptoms and other complex mental health presentations in primary care. The service works mainly with patients and GPs in the London borough of Hackney.

The trust has been inspected three times between January 2012 and March 2014. All three inspections found the trust compliant with essential standards, now known as fundamental standards, for all areas inspected.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Tim Kendall, Director, National Collaborating Centre for Mental Health, Royal College of Psychiatrists; medical director and consultant psychiatrist, Sheffield Health and Social Care NHS Foundation Trust; visiting professor, UCL.

**Team Leader:** Judith Edwards, inspection manager for mental health, learning disabilities and substance misuse, Care Quality Commission

The team which inspected specialist psychological therapy services consisted of one CQC inspector and three specialist advisors. Two specialist advisors were senior clinical psychologists and one was a senior nurse therapist.

## Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

# Summary of findings

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited five services and looked at the quality of the environment and reviewed how staff were caring for and treating patients

- spoke individually with six patients who were using the service
- spoke with the managers of each of the teams
- spoke with eight staff members including psychologists, psychotherapists and psychiatrists
- interviewed the divisional director with responsibility for these services
- attended and observed two team meetings.
- collected feedback from 18 comment cards
- looked at 30 treatment records of patients
- received feedback from 25 patients and carers at five focus groups, two of these groups were held prior to the inspection week
- looked at a range of policies, procedures and other documents relating to the running of the services

## What people who use the provider's services say

We spoke with patients and carers during our inspection. The feedback was mostly positive about the dedication of staff. Patients said that the treatment they had received had enhanced their lives. They had told us staff were brilliant, caring and very professional. Patients felt comfortable to raise any concerns with a clinician and felt included within their care and treatment.

Prior to the inspection we had attended two groups which involved patients and carers who had experienced

the trust's adult psychological therapies services. The feedback highlighted that some patients were unhappy that they had not been given the opportunity to choose between individual therapy and group therapy. Patients felt that at times staff had been rude to them. Other patients praised the treatment they had received and felt the clinicians were flexible in their approach.

## Good practice

- The City and Hackney primary care psychotherapy consultation service (PCPCS) provided a specialist psychological therapy service for people in primary care. The service provided treatment within local GP surgeries, which allowed patients to remain close to home for treatment. The service provided specific groups to engage people from 'hard to reach'

communities. The team offered Turkish speaking patients a horticultural group. The overall hard work and dedication from the team resulted in the service receiving a national award in 2015.

- The Trauma unit had set up a link with the British Red Cross. This involved graduate trainees from the trust providing individual and group therapy to people who had experienced trauma and had symptoms of post-traumatic stress disorder. The

# Summary of findings

service was created by the trust to address the difficulty of specific groups in the community not being able to access mental health services. The service was predominantly offered to war veterans and asylum seekers.

- The Portman clinic was leading on the roll out of a national mentalisation-based treatment service for people with anti-social personality disorder. A randomised control trial of the invention was being conducted in partnership with University College London.

## Areas for improvement

### Action the provider **MUST** take to improve

- The trust must ensure that all patients, particularly at the Portman clinic, have a comprehensive risk assessment completed and a risk management plan detailing how risks are being managed or mitigated. These must be kept up to date.
- The trust must ensure that patients have personalised crisis plans that reflect their individual circumstances and ensure these are up to date. These must be kept where they can be found quickly by all staff.
- The trust must ensure that children and young people have a separate waiting area from adults at the Portman clinic in order to maintain their safety.

### Action the provider **SHOULD** take to improve

- The trust should ensure that fire safety checks and fire alarm tests are carried out at regular intervals and documented. This includes ensuring that designated fire exits are kept completely clear.

- The trust should ensure that staff in all teams record information about patients in the electronic patient record system effectively.
- The trust should ensure that staff routinely consider patients' physical health needs when conducting assessments.
- The trust should ensure that assessments of capacity and competence are documented in the records of young people using services at the Portman clinic, where appropriate.
- The trust should ensure that there is access to group therapy for people with physical disabilities using the Portman clinic in order to provide fair access to treatment.
- The trust should continue to work to address the long waiting times for treatment in the PCPCS so that patients are able to receive treatment more quickly.

# Tavistock and Portman NHS Foundation Trust

## Specialist psychological therapy services

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Fitzjohn's unit	The Tavistock Centre
Lyndhurst unit	The Tavistock Centre
Portman clinic	The Tavistock Centre
Trauma unit	The Tavistock Centre
City and Hackney Primary Care Consultation Service	The Tavistock Centre

#### Mental Health Act responsibilities

The specialist psychological therapies did not provide care and treatment to people who were detained under the Mental Health Act 1983. This was not inspected as part of the comprehensive inspection.

#### Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were expected to attend Mental Capacity Act (MCA) seminars, which highlighted key principles of the Act. This was a part of mandatory training. However, across all the services we visited staff's knowledge was limited and they were unsure who to contact in the trust for advice.

The trust had a mental capacity form which included a checklist for best interests but did not have a specific MCA

policy to guide practice. The trust had a detailed consent policy and procedure in place which described that patients voluntarily entered treatment and were presumed to have the capacity to consent to treatment. However, care records did not always demonstrate clearly that alternative recommended therapies had been considered and discussed with the patient.

# Detailed findings

The Mental Capacity Act 2005 applies to young people aged 16 and 17 but does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may be mature enough to make some decisions

for themselves. When working with children, staff should assess whether a child has a sufficient level of understanding to make decisions regarding their care. Records of children and young people using services at the Portman clinic did not always demonstrate that issues of capacity or competence had been discussed or assessed.

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- The Lyndhurst unit, Fitzjohn's unit and Trauma unit were located at the Tavistock Centre on the fourth floor. The Portman clinic was based close to the Tavistock Centre and provided a large space with three floors. Across all locations, the rooms were large and could be comfortably used for administrative purposes or therapy. The rooms provided therapy couches and comfortable seating. The environments were well maintained and visibly clean.
- The trust had an infection control policy in relation to hygiene. The policy highlighted the trust mainly carried out out-patient work, which meant that there was a low risk of any infection compared with in-patient environments. The trust had not carried out infection prevention and control audits or risk assessments at premises visited by patients.
- None of the office and therapy rooms were fitted with panic alarms and staff did not carry personal alarms. Therapy rooms were located away from busy areas in the centre. Staff told us that they ensured safety by assessing potential risks from their patients. They would ensure another member of staff was nearby if they had concerns. Reception staff at the Tavistock Centre were provided with information on all therapy sessions taking place out of normal office hours. At the Portman clinic staff did not see patients after 5pm in the rooms on the third floor. All staff said that they felt safe working in this way.
- A ligature risk survey had been carried out in the past six months at the Tavistock Centre. The survey report highlighted the premises were a high risk in terms of potential ligature points but patients were low risk in relation to potential suicide attempts by ligature. Staff told us that patients were never alone in a room.
- An annual environmental risk assessment for all adult services had been carried out in the last six months and did not raise any concerns.
- The City and Hackney primary care psychotherapy consultation service (PCPCS) was located on a separate hospital site and did not carry out clinical work at the premises. The environment was clean and well maintained.
- At the Portman clinic the fire exits on the first and second floor were partially blocked by a desk and desk chair. A fire evacuation plan on the third floor was blank which meant that staff and patients were not informed of the exit plan. We raised this with the manager at the time of the inspection who said they would see the matter was addressed. An annual environmental risk assessment had been carried out at the clinic and highlighted that staff required revised training in the procedures of contacting emergency services. The fire log book at Portman clinic showed that fire alarms had not always been checked every week. No fire alarm checks were recorded between May and October 2015.
- The Tavistock Centre carried out weekly fire alarm checks. The last fire drill for the Tavistock centre and Portman clinic buildings was within the past 12 months and no concerns were found. Fire exit and evacuation plans were visible on corridor walls in the Tavistock Centre.
- The Portman clinic did not offer separate waiting rooms for children and adults. The team manager told us that all children and young people were required to attend an appointment with a parent or carer. However, this did not fully mitigate the risks to children waiting in the same room as adults. Due to the nature of the service and the background of the patients that attended the clinic, a shared waiting room put children at risk of harm.

### Safe staffing

- The trust did not hold staff vacancy information per team. Staff vacancies across the trust were very low. There were 40 vacancies across the trust at the time of the inspection. The Lyndhurst unit had one trainee vacancy, which was in the process of being recruited to. The Lyndhurst unit employed two locum staff to cover the trainee post and a member of staff on leave. The PCPCS employed two locum therapists who provided

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brief therapy as a short-term measure to reduce the waiting times for patients. The two other teams did not employ locum or bank staff and there were no recruitment plans or strategies in place to provide further resource. The Portman clinic did not have any vacancies. Across all teams there were a high number of trainee staff who were gaining further clinical work experience as part of their clinical training.

- The Portman clinic, Lyndhurst unit, Trauma unit and the Fitzjohn's unit had a 7% turnover of staff in the past 12 months. The PCPCS had 1% turnover within the past 12 months.
- The trust did not hold staff sickness information centrally per team. This was reported across the trust as a whole. The overall sickness rate in the past 12 months was less than 1%.
- Team workloads were not formally measured. Caseloads were measured in relation to how many sessions per week the staff worked. At the Portman clinic the service manager told us that there was a pressure to complete initial assessments and to meet the trust 11 week target time.
- All five teams had clear plans in place to cover sickness, absence and leave of staff. Staff who were covering for colleagues or the team administrator would make contact with the patient. Staff gave an explanation to patients of unplanned staff absences and cancellations of appointments.
- Staff received mandatory training. At the time of the inspection the trust's training figures showed that 96% of staff completed the required training. The mandatory training included safeguarding of vulnerable adults and children, equality and diversity, fire safety and patient safety. Administrators told us they received phone calls from distressed patients but had not received specific training in order to manage the phone calls. The trust was considering delivering mental health first aid training to administrative staff. Training records were held centrally.
- Individual team training data was unavailable as the trust did not monitor at this level. Therefore managers did not review and monitor mandatory training progress for their teams. This meant team managers were unaware of any particular staff in their teams who had not completed mandatory training requirements.

## Assessing and managing risk to patients and staff

- Staff completed brief risk assessments of patients at an initial consultation, which incorporated historical and known risks. However, we noted that the quality of the assessments sometimes lacked important detail and they were not always regularly updated during treatment.
- Across all teams we reviewed 30 patient care records. Some records did not demonstrate that risk was being assessed and documented appropriately. A clinical outcome measure was used by the trust called 'CORE'. The tool measured the effectiveness of treatment via a questionnaire. In one care record from the Fitzjohn's unit, the CORE questionnaire detailed a patient felt suicidal at times. However, the risk assessment did not reflect this. The records did not show that the identified risk behaviour had been discussed within therapy sessions. Another record did not demonstrate that the risk assessment had been updated following new risk information that the patient's mental state had deteriorated. This meant that risks were not being documented and managed in a safe way and patients could have been at risk. A record from the Trauma unit stated that a patient's risk was mild. However, the background of the referral and previous risk history indicated the patient was a high risk.
- At the Portman clinic we reviewed seven care records. Three of the seven records, which were all records of patients under the age of 18 years, highlighted serious cause for concern. The records did not demonstrate that full risk assessments were taking place at the initial assessment. Clinical notes showed that risk was being mostly documented as 'mild'. Staff would not be able to make this judgement without a full risk assessment taking place. Risk management plans were limited in detail and did not clearly show how the service was managing the identified risk. Staff had written in one record that the risk management plan was 'weekly individual psychotherapy and regular meetings'. This did not provide a comprehensive plan to inform the member of staff or patient of how to manage the risk. Another patient record showed that there were 'no particular concerns regarding risk'. There was no narrative as to why the therapist took this view. The care records did not clearly demonstrate that staff were appropriately documenting risk.



# Are services safe?

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- One care record lacked correspondence between the service and external agencies. For example, a full risk assessment had been requested externally. The risk assessment had been completed but was not within the patient's file. The lack of information could mean that staff were not in a position to understand the risks around the patient, risks to themselves or to others. Due to the poor record keeping staff may not have monitored risks appropriately. In the absence of the treating clinician, there was a high risk that another member of staff would not be able to make an informed clinical judgement as important information was missing from the file. The third record showed that a risk had been identified but the record did not demonstrate that a safeguarding referral had been made in the past or if the risk was current. A full risk assessment had been poorly documented and did not clearly demonstrate how the service was managing the risk. Within the past six months, the risk was raised again with a member of staff and the risk management plan had not been updated. The lack of documentation meant that the risk had not been monitored and managed in a safe way. This put staff and patients at risk of potential harm.
  - Crisis plans were not in place for patients. Out of the 30 care records we reviewed only two had a clear crisis plan. The plans were brief and did not demonstrate that they were created in collaboration with the patient. Information was limited and stated for example, the patient should go to accident and emergency or contact their GP. This did not provide a reliable and comprehensive plan for the patient and staff to refer to in a time of crisis.
  - The Fitzjohn's and Lyndhurst teams had waiting lists between assessment and treatment. To manage this safely staff met with patients on the waiting list on a more informal basis every six weeks. The Portman clinic contacted patients on the waiting list by telephone every three to four weeks. Meetings and telephone calls promoted engagement and provided an opportunity for staff to assess factors that could increase individual risk. The PCPCS offered patients an opportunity to attend a support group while waiting for treatment. All patients were made aware during assessment that they could contact a clinician whilst waiting for treatment. The Trauma unit did not have a waiting list.
  - Staff were trained in and had a good understanding of safeguarding vulnerable adults and children. They were able to tell us how to recognise a concern and how to escalate this so that it was raised appropriately. The trust had safeguarding child and adult leads that staff could discuss any safeguarding concerns with. Staff discussed safeguarding during their supervision sessions. Staff described examples of when safeguarding concerns had been identified and raised with the local authority safeguarding team.
  - Staff did not prescribe or administer medicines at any of the five services we visited.
- ### Track record on safety
- There were a low number of incidents in the services. Over the past year there has been one serious incident, which involved the PCPCS and two moderate incidents involving the Fitzjohn's unit and the Portman clinic. The serious incident was a death and the other two incidents were an assault and a self-harm incident. These incidents were investigated by the trust. The investigation included a root cause analysis. The root cause analyses provided recommendations to minimise the risk of these types of incidents happening again. The patient death was investigated as a serious incident, although the patient was in receipt of care and treatment from another mental health trust at the time of their death. The root cause analysis of the patient death and lessons learned from the investigation were reported at the trust board in January 2016.
- ### Reporting incidents and learning from when things go wrong
- Staff were aware of how to report an incident. All incidents were reviewed by the health and safety manager and discussed with service and team manager. The quarterly governance and patient safety meetings reviewed all incidents. This ensured the most appropriate response was taken and lessons learned were discussed jointly. Staff told us that incidents and lessons learned were discussed in unit team meetings. However, there was not a system in place to alert all staff members if they had not attended the team meeting.
  - The trust highlighted lessons learned from incidents in the quality newsletter, which was sent to all staff every three months.



# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

- Staff felt very well supported by their peers and line managers. Team meetings and regular supervision sessions provided an opportunity to debrief and discuss their feelings.

## Duty of Candour

- Staff we spoke with told us that the duty of candour training was a part of mandatory training. However, staff

varied in how much they understood the key principles and details of the duty. The staff at the PCPCS had a good understanding of the term and understood when it applied. Staff were able to describe how they were open and transparent and said they would provide an apology when things went wrong. However, they were not able to provide specific examples of when this had happened.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

- Staff completed an assessment of the patient at the initial consultation and created treatment plans. This was mostly documented within the care records we reviewed. Records showed that staff updated information as required and involved patients in their care and treatment. Correspondence including discharge letters was sent to the patient's GP. There was evidence in care records that risk information was being shared with the local GP. However, five records did not demonstrate that individual files were kept up to date with important information. For example, one record documented that the assessment form had been lost and another record did not provide a treatment plan. The other three records were out of date.
  - The Portman clinic carried out a patient record audit from 2014 - 2015. The review assessed the quality of record keeping in 15 active care records. The audit highlighted areas of good practice where records scored 100%. For example, correspondence sent to the GP included the patient's treatment plan and noted risks identified. The audit showed that patients had consented to treatment and this was documented appropriately.
  - Care records were stored electronically in most services and were readily available to staff when needed. Only staff were able to access the patient records. Staff at the Portman clinic had not started using the electronic patient records system. They were still using paper notes. The paper files were appropriately stored in locked cupboards. However, three care records demonstrated that vital information was missing. For example, a patient assessment letter at the Portman clinic was not available in the file. This highlighted a risk that important confidential information could potentially be lost from paper files.
- training, which is specifically for patients that are experiencing post-traumatic stress disorder. This treatment is recommended by the national institute for health and care excellence (NICE). The service also offered cognitive behavioural therapy (CBT) in line with national guidance for patients that have experienced trauma.
- The Fitzjohn's unit, Lyndhurst unit and the Portman clinic were providing a range of therapeutic interventions for patients, which were primarily psychotherapy based. The Lyndhurst unit offered other brief interventions, for example CBT and interpersonal therapy. The Portman clinic offered mentalisation-based treatment, which was a part of a wider London research study. The treatments offered by the teams were recommended by NICE. The frequency of sessions was adapted to meet patient needs. The PCPCS were offering psychotherapy as the main intervention to treat patients that were experiencing a range of mental health problems.
  - The five teams were using CORE, which is a specific outcome measure used to measure psychological distress. The tool was designed to measure the patient's level of distress pre-therapy and again after the last session of therapy. This provided data to demonstrate the services' quality and effectiveness. Patients were asked to complete a self-reporting questionnaire. Out of the 30 records reviewed across all teams, 12 records showed evidence that the outcome measures had been recorded. Records showed that initial scores had been documented but a comparison end of treatment score was not yet available.
  - In 2014-2015 53% of adult patients using the specialist psychological therapies, who completed measures, showed an improvement in CORE outcome measures scores between pre-assessment and the end of treatment.
  - The PCPCS was the only team that was using outcome measures in therapy sessions. Care records reflected that this was taking place and scores were being shared with the patient. Four records from the PCPCS team fully demonstrated that outcome measures were being used effectively. The team manager told us that the team data was reported monthly. Previously the data system the trust used produced a graph in an accessible format. However, this had changed since the introduction of the

### Best practice in treatment and care

- The services offered evidence-based psychological treatments in line with national guidance. The Trauma unit offered a psychoanalytic based approach for trauma-focused psychological treatment. The team manager told us that the staff had recently finished eye movement desensitisation and reprocessing (EMDR)

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

electronic patient records system and the graphs were no longer available. The manager felt that the graphs had been very beneficial to the team. The trust was working to improve the functioning of the electronic patient records system so that consistent outcome information could be obtained.

- The PCPCS used general anxiety disorder outcome measures to assess patient progress over time. The Portman clinic used a range of measures of clinical effectiveness and outcome monitoring.
- Staff conducted clinical audits and the results of audits helped improve practice and patient care. Some patients were treated for many years in the services and could potentially become 'stuck'. The Lyndhurst unit, Trauma unit and the Fitzjohn's unit had carried out an audit, which reviewed patients that were undergoing intermittent therapy. Intermittent therapy meant that patients were receiving therapy every two to four weeks. The audit provided many recommendations for changes to practice. For example, clinicians were to review patients on a yearly basis. A workshop was set up to discuss the work that was carried out in intermittent therapy so that clinicians would get a better understanding of patient needs.
- The City and Hackney primary care psychotherapy consultation service (PCPCS) was named as the British Medical Journal mental health team of the year 2015. The PCPCS had set up specific projects to cater for 'hard to reach' or black and minority ethnic groups. They included a horticultural therapy group for Turkish speakers and a community photography group. The aim was to develop therapeutic interventions tailored to the needs of those less likely to engage with more 'traditional' psychotherapeutic approaches. The primary care based service helped address the needs of people with medically unexplained symptoms.
- The trust had not met physical health care targets in relation to smoking cessation and alcohol misuse. These targets included referrals to a physical health nurse for help to stop smoking, implementation of a system to report domestic violence, and referrals to local alcohol services. In order to address this the trust had appointed a physical health nurse one day a week. A domestic violence sub-committee had been set up. A physical health care form was included in the electronic patient record for staff to complete. This would allow

the trust to monitor whether appropriate referrals were being made. Patient records showed teams had regular contact with GPs but patients' physical health needs were not routinely considered in assessments.

## **Skilled staff to deliver care**

- The staff in all teams were experienced and qualified to provide psychological therapies. The teams had many trainee staff that were all well supervised by experienced clinicians. Staff we spoke with felt very well supported through supervision and informal meetings with peers. New members of staff received an induction, which included attendance at a trust wide induction. The member of staff was also orientated to the work environment. The PCPCS team provided a local induction to members of staff that were working within GP surgeries.
- Staff had an annual appraisal where learning needs were identified and continuing professional development was discussed. The percentage of staff that had an appraisal in the last 12 months was 99%. Each team had clear supervision structures in place. Supervision included regular individual and group supervision. Performance related issues were raised in individual supervision. Staff were able to access a wide range of specialist training courses provided within the trust, including post-graduate and masters' level courses.

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

- Staff met for regular team meetings on a weekly or fortnightly basis. We observed two team meetings, which were well attended by staff. The meetings shared information about recent incidents, audits, referral waiting lists and other business matters. The Lyndhurst unit presented a case for team discussion. The PCPCS had a weekly team meeting followed by a clinical academic meeting. This type of meeting provided an opportunity for shared learning and discussion of complex cases.
- Minutes or notes from team meetings were unavailable as staff did not document the meetings. This meant it was difficult to monitor reoccurring themes, know who had attended and did not allow staff absent from the meeting to review what had been discussed.

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- The trust had recently completed a case record review including at the Fitzjohn's unit. Results showed that the Fitzjohn's team were regularly sending correspondence information to the GP including assessments, treatment plans and risk concerns, if required. Staff told us that they had good relationships with local GPs and would routinely share information with them. Discharge summaries and correspondence to the referrer were mainly documented within the electronic patient record. However, three care records at the Portman clinic did not show whether the team had corresponded with other external agencies.
- Staff from the trauma unit told us that patients with physical health problems were discussed with their GP. The PCPCS had a joint working model with local GPs and many of the team were based in GP surgeries. Staff told us that the team had good working links with improving access to psychological therapies (IAPT), homeless charities and organisations providing asylum advice and support.

## **Consent to care and treatment and good practice in applying the Mental Capacity Act**

- Mental Capacity Act (MCA) training was part of staff mandatory training. An MCA awareness seminar was held frequently throughout the year. The trust did not have a specific MCA policy. Staff told us that they had received training on capacity. However, they were not confident in explaining the key principles of capacity assessment. They were not aware of who they could go to for advice. A team manager told us that some clinicians were trained psychiatrists and staff could ask them for advice if they were concerned. The trust consent policy and procedure contained information on

the Mental Capacity Act and the importance of assessing capacity particularly in someone with a learning disability. All patients coming for therapy did so on a voluntary basis and were assumed to have capacity.

- The trust had a mental capacity form which included a checklist for best interests. The form was clearly presented and went through all the necessary stages to test capacity.
- The Mental Capacity Act 2005 applies to young people aged 16 and 17 but does not apply to young people aged 16 or under. For children under the age of 16, the young person's decision-making ability is governed by Gillick competence. The concept of Gillick competence recognises that some children may be mature enough to make some decisions for themselves. When working with children, staff should assess whether a child has a sufficient level of understanding to make decisions regarding their care.
- We reviewed the records of three children and young people attending the Portman clinic. Two records showed that relatives and carers were involved with the care of the children. However, the records did not demonstrate that staff had considered Gillick competence.
- The trust had completed a recent audit to monitor whether care records were meeting trust standards as set out in the procedure for audit of standards of clinical record keeping. Consent to treatment was reviewed as part of the audit. The audit showed that four of the six care records reviewed at the Fitzjohn's unit did not document consent or there was no narrative around the

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

### Kindness, dignity, respect and support

- The staff in all teams were very caring towards patients. Clinical notes were documented in a respectful and responsive manner. Staff consistently demonstrated the importance of engagement and understood how important the experience was for the patient undergoing therapy. Staff were friendly and extremely dedicated to their professions.
- Most patients praised staff for being professional and were grateful for the help staff had provided. Patients felt that staff genuinely cared for them. Two patients told us that their experience had not always been positive and at times had felt patronised by staff.

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

- The trust had established patient and public involvement groups, which involved carers and patients. The groups supported people to become involved in opportunities that were available within the trust. The adult reference group met on a monthly basis and provided an opportunity for patients, people from the local community and former patients to meet. The group was recently asked to provide ideas to improve the waiting room environment at the Tavistock Centre. In the last six months, the group had run a successful film night group. This event provided a space for discussion about different topics including popular media articles, and mental health issues and an informal space to chat with peers.
- The trust had a contract with an independent advocacy service. However, this service had not been used since October 2015 when a new provider took over the advocacy services. Patients we spoke with had not used the advocacy service.

- Patients were regularly asked to provide feedback about the care they received. This included the family and friends test and an experience of service questionnaire.
- Care records lacked evidence to show that patients were actively involved with the planning of their care and treatment. Patients we spoke with had mixed views. Some felt involved with their treatment and said decisions were jointly made with their therapist. Others felt that decisions were made for them. For example, two people who had wanted individual therapy had been offered group therapy instead. These patients did not always feel that they were listened to.
- Treatment plans did not always show that plans were created in collaboration with the patient. Plans lacked the 'patient voice'. The patients we spoke with mostly told us that they felt involved within their care. Some patients said they did not always receive a copy of a plan but it was discussed in therapy sessions.
- A common theme that ran through the assessments and assessment letters was the lack of explanation for the chosen treatment. The rationale for considering alternative therapies was not documented. Clinicians only documented that 'other therapies would not be suitable'.
- The Portman clinic carried out a patient record audit from 2014 - 2015. The review assessed the quality of record keeping in 15 active care records. Sixty nine per cent of records did not demonstrate that a discussion around alternative therapies had taken place. Four records showed that this section of the care notes was blank. This did not provide the patient with a full range of options and choice.

# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

### Access and discharge

- Referrals were received via a single point of entry. Referral pathways were either through a community mental health team or via the patient's GP.
- All teams, except the PCPCS, had a target time of 11 weeks from patient referral to assessment. The PCPCS had a target time of 18 weeks. Most teams were achieving the target. For example, the waiting time for an initial assessment for the Portman clinic was 10 weeks. Breaches were rare in all teams except the PCPCS. There had been had 19 patient waiting time breaches in the PCPCS in the previous four months. The manager told us that the breaches were caused by delays in receiving additional pre-assessment information from the referrer and delays resulting from waits for responses from patients and agreeing an appointment time. The PCPCS had tried different ways of reducing breaches. For example, letters sent to patients asked them to make contact with the team within a set timeframe. The team found that patients did not always make contact until close to the deadline, which made it difficult to organise an assessment at short notice. Staff were reassessing the timeframe stated in letters.
- There was no trust targets for patients who had been assessed and were on a waiting list for treatment. However, team managers recognised quite long waiting lists in some services and were proactively trying to reduce the waiting time for treatment. For example, in the Fitzjohn's unit average waiting times from assessment to treatment was 13.6 weeks in quarter 1 of 2015-2016 and five weeks in quarter 2. In the PCPCS the average waiting time in quarter 2 was 23 weeks. The service had experienced an increase in referrals as the team became better known. Teams engaged with patients on the waiting list and offered review meetings and telephone calls. The review meetings were held approximately every six weeks and provided staff with an opportunity to assess the patient in terms of a change of needs. All patients were reminded at the assessment that they could contact their clinician whilst they were waiting for treatment. The team administrator sent out regular waiting list updates to patients. Managers recognised the problem of long waiting times and were looking at different ways to improve the situation, such as offering shorter programmes of treatment if this proved effective. The trust board reviewed waiting times on a quarterly basis. However, in PCPCS, patients were sometimes waiting five or six months for treatment.
- The administrator at the PCPCS was completing a project, which included looking at the number of referrals and demand on the service. The service manager was aware that the team needed to find a solution to resolve the delays. They were reviewing the current treatment model to see whether they could offer more appointments.
- An intake meeting took place on a weekly basis which included all team managers. This meeting provided an opportunity for the teams to discuss levels of risk and to determine a patient's pathway to treatment. Each team had clear criteria for offering people a service. Most of the patients that were accepted into services had used many other primary and secondary care services in the past. Team managers told us that they managed complex cases and some patients that had been refused by other services.
- The teams actively tried to engage with patients who did not attend appointments. Staff attempted to make contact with a patient either via the telephone or by letter if they did not attend an appointment. Case managers would also attempt to make contact with the referrer to assess the reason for the patient not attending. Managers told us that some patients did not always attend at the beginning of treatment. This was sometimes due to the patient feeling overwhelmed by the experience. The patient's motivation for attending therapy was explored during assessment.
- Appointment times were not flexible unless there was a reason to change. For example, if the patient was unwell. The managers of the Fitzjohn's unit told us that appointment times were set and the patient was expected to attend. Staff rarely cancelled appointments. Staff told us that patients were made aware as soon as possible if a therapist had to cancel an appointment and it was rescheduled. Due to the nature of the service and therapy, other therapists were not able to cover the therapy sessions. Staff made regular contact with the patient whilst the therapist was absent.



# Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

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

- The facilities at the Tavistock Centre and the Portman clinic supported treatment and care. There was a range of therapy rooms which included a couch, comfortable seating and the rooms were adequately sound proofed. The main waiting area at the Tavistock Centre was situated on the ground floor and patients would make the reception staff aware that they were attending an appointment. The PCPCS was based at a separate site and the offices were for administrative purposes only. PCPCS staff saw patients in GP surgeries.

## Meeting the needs of all people who use the service

- Teams were accessible Monday to Friday, between 9am and 5pm. Clinicians also offered evening appointments. This provided flexible access to patients who were unable to attend in core working hours.
- The Portman clinic did not provide access for patients or carers with physical disabilities. There were steps at the entrance of the service, the therapy rooms were split over three floors and there was no lift. Patients using a wheelchair were able to attend individual appointments at the Tavistock Centre as a lift was available. However, patients in a wheelchair were not able to attend group therapy as the groups only took place at the Portman clinic and no alternative venue was offered. The service did not provide fair access to group therapy for patients with a physical disability.
- The Tavistock Centre did not have a wide selection of leaflets covering relevant topics on display. The leaflet rack in the reception area had only a few leaflets available, which included one on how to complain and the services the trust offered. The leaflets were not well stocked or available in any other language apart from English. There were no information leaflets available in the waiting room at the Portman clinic.

- Staff in all teams had access to interpreters including British sign language interpreters. The Portman clinic employed a member of staff who was able to use British sign language.
- The local population was highly diverse. The PCPCS encouraged access to services to people from underrepresented groups and provided patients with links to religious groups. The team recognised there was a large local Turkish and African population and some patients travelled abroad for some weeks of the year. The team administrator ensured there was follow-up contact with the patient on their return so that an opportunity for an appointment would not be missed.

## Listening to and learning from concerns and complaints

- In the previous six months, three complaints had been made in the PCPCS, Lyndhurst unit and the Fitzjohn's unit. One complaint was upheld. The complaints were investigated and a full apology provided. At times a member of staff from the same team that the complaint had been raised about would lead the investigation of the complaint. This increased the risk of the investigation being biased.
- Most patients we spoke with said they knew how to make a complaint. Most patients said they would feel comfortable raising any issues with their therapist. Information about how to make a complaint and access the patient advice liaison service (PALS) were displayed on the walls around
- Team managers understood how to handle complaints appropriately and the complaints process. Staff received feedback from outcomes of incidents and complaints. This was through team meetings where lessons learned were discussed.

# Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

### Vision and values

- Staff understood the vision for the trust and were able to describe the commitment to their work.

### Good governance

- There were clear governance structures in place across all teams. The trust carried out regular audits, for example care record audits which included consent, outcome measures and treatment. The trust was aware that re-auditing was required to ensure improvements had been made.
- The trust did not provide individual teams with risk registers, although the trust provided a central risk register. Staff were unable to add any concerns locally. Team managers said they were able to escalate concerns centrally. Concerns were discussed and addressed in team meetings.
- The systems in place meant staff received regular mandatory training and supervision and had annual appraisals. Staff told us that incidents and complaints feedback was discussed within team meetings. However, staff did not document meetings and there was no evidence available to confirm specific items had been discussed.
- Key performance indicators (KPIs) were in place and staff were aware there was a requirement to meet targets. Targets included the commissioning for quality and innovation, which covered smoking cessation and referral to assessment time scales. Teams used specific outcome measures to gauge performance. However, difficulties with the introduction of the electronic patient record meant that outcomes for patients were not being captured reliably. The trust recognised this issue and was working to rectify it. Additional training in the use of the electronic patient record was available to staff.
- The Portman clinic had not implemented the electronic patient record system which had been introduced in July 2015. This meant that key performance and patient outcome data could not be extracted from the records

at the Portman clinic as it was from other services. This prevented comparison with other services and restricted opportunities for trust oversight of the Portman clinic.

- Across all teams there was a lack of staff documenting the rationale for treatment. A care record audit within the past 12 months highlighted similar findings. This meant that other treatments may not have been explored and fully explained to patients. In addition, risk assessments, particularly in the Portman clinic were sometimes of poor quality and not updated with changes. Many patients did not have crisis plans. This put patients at risk.

### Leadership, morale and staff engagement

- Overall, the team managers were very experienced and provided good leadership. Staff felt very well supported by peers and supervisors. Low turnover rates reflected this and staff had worked at the trust for many years. All members of staff were extremely dedicated and showed that they took a lot of pride in their day-to-day work.
- Sickness and absence rates were monitored by the trust overall and were low.
- Most managers and staff we spoke with were aware of the term duty of candour and others were less sure.
- Senior staff were visible and visited teams.
- Most staff were aware of how to formally escalate concerns and knew about the whistle-blowing policy. Staff felt comfortable raising any issues with their manager or supervisor.

### Commitment to quality improvement and innovation

- The PCPCS had set up a project to specifically target 'hard to reach' and black and ethnic minority groups. The groups included a horticultural therapy group, which was primarily for Turkish speakers and a community photography group. The PCPCS won the British Medical Journal mental health team of the year award in 2015.
- The Portman clinic was leading on the roll out of a national mentalisation-based treatment service for



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people with anti-social personality disorder. A randomised control trial of the invention was being conducted in partnership with University College London.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment was not always provided in a safe way.

The trust had not ensured that all patients had a comprehensive risk assessment and a risk management plan demonstrating how risks would be managed.

Individual plans to mitigate risks to patients in a crisis were not always in place or were not stored where they could be found easily in a crisis.

The trust had not ensured that adults had a separate waiting area from adolescents and children at the Portman clinic. Potential risks to adolescents and children were not sufficiently mitigated.

This was a breach of regulation 12(1)(2)(a)(b)(d).