Dr Pia Menzies, Psychiatry and Psychotherapy

Inspection report

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

Ratings

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

Overall summary

This provider is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Pia Menzies, Psychiatry and Psychotherapy (Dr Pia Menzies) as part of our inspection programme.

Dr Pia Menzies is a sole practitioner, a qualified psychiatrist, who provides psychiatric services to children, young people and their families. Dr Menzies is on the General Medical Council specialist register for child and adolescent psychiatric services and has been so since January 2004. The provider treats private patients only.

We carried out an announced comprehensive inspection at Dr Pia Menzies on 14 August 2019 as part of our planned inspection programme.

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

Twelve people provided feedback about the provider. All the feedback was positive.

Our key findings were:

•The care provided was safe. There were systems for reporting, investigating and learning from incidents. The provider was trained to the correct level in safeguarding and had made safeguarding referrals when appropriate.

•The provider worked with other providers, including NHS providers such as GPs. There was provision for peer review and learning from other professionals in the field.

•There was innovation such as video conferencing and seeing patients in unusual settings such as in parks or gardens, subject to suitable risk assessment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser.

Background to Dr Pia Menzies, Psychiatry and Psychotherapy

Dr Pia Menzies, Psychiatry and Psychotherapy

Helios Trust and Medical Centre

17 Stoke Hill

Bristol

BS9 1JN

01454854492

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This provider was set up and registered with the Care Quality Commission in January 2019. Dr Pia Menzies is a sole practitioner, a qualified psychiatrist who provides psychiatric services to children, young people and their families. It treats private patients. The provider comprises Dr Pia Menzies who works from a rented room in a building occupied by a local GP provider. The provider has a receptionist/secretary. This administrator works from home and answers telephone calls and enquiries made through the provider's website. The administrator makes appointments and manages Dr Menzies' diary.

The telephone lines are open Monday to Friday 9am to 5pm. The provider has on average six appointments per week.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose.

We interviewed the Dr Menzies and the receptionist/secretary, reviewed documents, inspected the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received twelve comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

•Is it safe?

•Is it effective?

•Is it caring?

•Is it responsive to people's needs?

•Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

Safety systems and processes

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

• The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. The provider rented a single room within a GP practice, the GP practice in turn rented the building from a charitable trust. The provider liaised with the practice manager from the GP practice and the building manager from the trust to help ensure that risks, such as legionella and fire, were mitigated and regularly reviewed.

• The provider worked with other agencies to support patients and protect them from neglect and abuse. There were systems to safeguard children and vulnerable adults from abuse. Dr Menzies had completed training in safeguarding vulnerable adults and children to level three. The provider employed an administrator to handle telephone enquiries, manage appointments and complete secretarial tasks. The administrator did not meet the patients or their parents, only speaking to them on the telephone. The administrator had completed the basic National Society for the Protection of Children safeguarding course and was working on the more advanced module. Both these elements of training were to the level required for the work being carried out. We saw examples of appropriate referrals to the local safeguarding authorities.

• The provider had systems to assure that an adult accompanying a child had parental authority. There were systems to check the identity of individuals using the provider.

• We saw that all staff employed by the provider had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable

• Almost all patients were accompanied by a parent or guardian. There had been no occasion when a chaperone had been required. The provider told us that, it was unlikely that such a need would arise, however they had made arrangements with the GP practice to secure a trained chaperone should it do so.

• There was an effective system to manage infection prevention and control. There were systems for safely managing healthcare waste.

• The provider carried out appropriate environmental risk assessments, which considered the profile of people using the provider and those who may be accompanying them.

Risks to patients

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

• There were arrangements for planning and monitoring the number and mix of staff needed.

• The provider understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

• When there were changes to services or staff the provider assessed and monitored the impact on safety.

• There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

• Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

• The provider had systems for sharing information with administrator and other agencies to enable them to deliver safe care and treatment.

• The provider had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

• Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

• The systems and arrangements for managing medicines minimised risks. The provider did not hold any medicines. Prescription stationery was kept securely and its use monitored.

• The provider carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

• The provider prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The provider had a good safety record.

• There were comprehensive risk assessments in relation to safety issues.

• The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

• There was a system for recording and acting on significant events. The provider had been registered for some six months, during that time there had been no significant events. However there had been an incident when a disabled patient had been kept waiting, in poor weather, at the disabled access. The provider had investigated the reasons. They had raised this with the manager for the GP practice. Staff rotas had been changed to try and ensure that this did not happen again.

The provider was aware of the requirements of the Duty of Candour. There had been no unexpected or unintended safety incidents, since the provider had registered with the Care Quality Commission since January 2019, however the provider had arrangements to:

• Give affected people reasonable support, truthful information and a verbal and written apology and

• Keep written records of verbal interactions as well as written correspondence.

The provider had a system to act on external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The provider used appropriate guidance in recommending courses of treatment. For example, the provider used Goal-Based Outcomes to monitor effectiveness of interventions. (Goal-Based Outcomes is a nationally adopted standard and is a truly patient-centred outcome because the goals are set by the patient and/or parent and reflect their specific circumstance). We saw that clear objectives and goals were set from the first session. The goals were then used to indicate when someone is ready to be discharged.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was involved in quality improvement activity.

The provider used information about care and treatment to make improvements. The provider had begun to make improvements through audit. However, as the provider had only been registered for six months, there had not yet been the opportunity to repeat audits to monitor improvements.

However, there was evidence that clinical audit had had a positive impact on quality of care and outcomes for patients. There had been an audit of the "shared care" documentation. The purpose of these agreements, between the provider and GPs, is to allow administration of repeat prescriptions and safe monitoring of medications between specialist clinic appointments. It is particularly relevant in the treatment of Attention Deficit Hyperactivity Disorder (ADHD). The audit found that there had been a 100% uptake of the agreement. It found that in all cases GPs had been informed when there had been a change in medicine or when the patient did not attend.

Other audits included, but were not confined to, checking that antipsychotic medicines were prescribed in accordance with guidelines and ensuring prescriptions had been completed in accordance with the provider's policy. Improvements that were identified and taken up as a result of the audits included: streamlining the letter templates to enable more timely communication with GPs and changing to a more appropriate audit tool in the case of the antipsychotic medicine audit.

Effective staffing

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

- The provider was appropriately qualified. The provider understood their learning needs and met them. The provider employed an administrator to handle telephone enquiries, manage appointments and complete secretarial tasks. The provider had identified that the administrator would benefit from limited but targeted safeguarding training and this had been completed at the time of the inspection. The administrator had enrolled for more advanced safeguarding training.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. For example, in referring safeguarding issues and in communicating with GPs.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were

Good

Are services effective?

not registered with a GP. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on patients who did not attend for their consultations.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, they gave people advice on self-care such as mindfulness.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the provider, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The provider sought feedback on the quality of clinical care patients received as well as their general satisfaction with the service.
- Feedback from patients was positive about the way they were treated.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information.

Involvement in decisions about care and treatment

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

- There were interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The provider respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Several comment cards mentioned the provider's understanding of sensitive issues and their ability to listen without making judgements. All discussions were conducted in private.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had used video conferencing for patients who were particularly anxious about going outside.
- The facilities and premises were appropriate for the services delivered. For example, there was a secluded garden which the provider could access from the consulting room. This had been used on occasions when the patients' condition made it more suitable.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was provision for patients with limited mobility to access the consulting room.

Timely access to the provider

Patients were able to access care and treatment from the provider within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The provider treated patients who made complaints compassionately.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The provider was a member of the Independent Doctors Federation this meant that patients could complain to the Independent Sector Complaints Advisory Service (ISCAS), an independent body.

The provider had a complaints policy and procedure. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been no formal complaints in the six months that the provider had been running. Some of concerns had been raised. These included a patient having to wait a long time, in poor weather, to use the disabled access and some confusion over how an insurance policy was relevant to the patient. The concerns were listened to and investigated. As a result there had been changes to staff rotas at the GP practice and the provider had been given an additional key to the disabled access. The concern about the insurance provision had resulted in changes to the administrator's handbook/guidance documents.

Good

Are services well-led?

We rated well-led as Good because:

Due to the nature of the provider's organisation, the areas where the Care Quality Commission would look for evidence of leadership, such as staff meetings and staff/manager relationships, was not available. However, there was other evidence to support that the provision of services was well led.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The main challenge was that of continuing to provide the high quality of care in the face of an increasing demand. The provider had temporarily stopped taking on new patients so the high level of clinical time available for each patient could be maintained.
- Feedback received from staff included that they felt supported by the provider. We were told that staff worked closely together and that there were frequent telephone conversations to help ensure care was coordinated.

Vision and strategy

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

- There was a clear vision and set of values. These included delivering services that were patient centred and flexible. For example, in the NHS when a patient reaches 18 years of age they are transferred from child to adult mental health services. This is widely recognised as being a difficult transition to manage. The provider recognised that often patients are not adults at 18 years of age and kept them on, if necessary up to the age of 25 years to provide continuity of care and to help ensure a smoother transition to adulthood.
- The provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider monitored progress against delivery of the strategy

Culture

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

- The provider focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, as a result of a concern about the financial impact of an insurance policy the provider had reviewed and improved the guidance that it gave to patients and clients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The provider had completed an annual appraisal and revalidation. They were aware of the need for continuous professional development. They had a monthly meeting with a fellow psychiatrist to discuss difficult cases and any learning from them. Every three month there was a peer group meeting to discuss and develop and continuous professional development. This is a requirement for revalidation for Royal College of Psychiatry.
- There was a strong emphasis on the safety and well-being. There was a lone working policy. We saw that when the provider used innovative approaches such as follow-up appointments on video conferencing there were risk assessment to help ensure these were appropriate for the patient's needs.
- The provider actively promoted equality and diversity. The provider had received equality and diversity training.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements promoted co-ordinated person-centred care. For example, there had been an audit of "shared care" documentation. This had resulted in changes to the templates used to generate letters to GPs to make them more timely.

Good

Are services well-led?

- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, there was a risk assessment and management policy, a lone working policy and a management of emergencies during consultations policy. There were timescales for their review.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example, the provider had stopped, temporarily, taking on new patients because of concerns that the quality of the treatment would suffer.
- The provider submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider had employed an external information technology (IT) consultant to ensure compliance with data protection legislation and IT industry standards. This had resulted in changes to the database so that patients' data was better protected.

Engagement with patients and external partners

The provider involved patients and external partners to support high-quality sustainable services.

- The provider encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture.
- The provider was transparent, collaborative and open with patients and external partners. The provider regularly used patient feedback forms. Though there was a relatively low response rate (about 10%) this was in line with other similar services. The feedback provided was 100% positive. There were also individual comments by patients and their parents/guardians. These included comments about the efficiency of the administrator and the appointments system.

Continuous improvement and innovation

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

There was a focus on continuous learning and improvement. We saw examples of innovation. Patients were not automatically discharged (to adult services) at the age of 18 as the provider recognised that people mature at different times. There was video conferencing where patients were particularly anxious about leaving their home. As a video conference was never used for an initial consultation the provider also made home visits to patients in these circumstances. The provider saw patients in different settings such as in parks or gardens, subject to favourable risk assessment.