

Chiltern Business Centre

Inspection report

Unit 23 Chiltern Business Centre
63-65 Woodside Road
Amersham
HP6 6AA
Tel: 07766452492

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

Overall summary

This service 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 of Chiltern Business Centre on 19 April 2023 as part of our routine inspection programme. This was our first inspection of the service.

Chiltern Business Centre is run by an individual psychiatrist who provides outpatient psychiatric care. They also provide Intensive Short-Term Dynamic Psychotherapy (ISTDP) to patients. ISTDP uses a set of interventions to alleviate symptoms of emotional distress and to promote mental health in a rapid way. The focus is on the unconscious emotional processes that underlie many psychological as well as somatic difficulties. No other staff work for the service. At the time of the inspection 25 patients were receiving care from the service.

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

We spoke with 8 patients during the inspection. They all told us that the clinician treated them with dignity and respect at all times. They told us they felt safe and secure during their sessions and that they felt appropriately challenged.

Our key findings were:

- The service provided safe care. The premises where patients were seen were suitable and clean. The service had clear systems to keep people safe and safeguarded from abuse.
- The clinician developed holistic care and treatment plans informed by a comprehensive assessment in collaboration with patients. Care and treatment were planned and delivered in line with current legislation and best practice guidance produced by the National Institute for Health and Care Excellence (NICE) and met the needs of the patients. The service evaluated and reflected on the quality of care provided to ensure it was delivered to a high standard.
- The clinician treated patients with compassion and kindness, and understood the individual needs of patients.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The clinician had alternative pathways for people whose needs they could not meet.
- The service was well-led and had a clear goal in place for what it wanted to achieve. The clinician was experienced and passionate about the therapy offered.

However:

Overall summary

- The service had not ensured a legionella assessment had been carried out in the building patients were seen in.
- The service had not calibrated their blood pressure machine and weighing scales.
- Risk management processes were not always followed.
- There were no documented risk management plans in place for patients with previously identified risks.
- The service did not always document outcome measures for patients.

The areas where the provider **should** make improvements are:

- The service should ensure that all appropriate environmental checks have been conducted [Regulation 15 (1) (e) Premises and equipment].
- The service should ensure that physical health monitoring equipment is correctly calibrated [Regulation 15 (1) (e) Premises and equipment].
- The service should consider documenting risk management plans for patients with previously identified risks.
- The service should consider following their own risk management procedures.
- The service should consider more routine collection of outcome measures.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector and supported by a second inspector.

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

Background to Chiltern Business Centre

The service is provided by Chiltern Mind Limited. The service is run by an individual psychiatrist who provides outpatient psychiatric care which includes occasional prescribing of medicines. They also provide Intensive Short-Term Dynamic Psychotherapy.

The service is based at unit 23, Chiltern Business Centre, 63-65 Woodside Road, Amersham, HP6 6AA. This is a large building with many different businesses located within it. The office is located on the first floor and there is no lift available, so any patients with mobility issues would be seen at a GP surgery instead. We only visited the main business location during this inspection.

The service has been registered with CQC to provide treatment of disease, disorder or injury since 27 August 2020. The service only treats adults over the age of 18.

Referrals are received directly from patients or other healthcare professionals.

How we inspected this service

- During the inspection visit, the team:
- Checked the safety, maintenance and cleanliness of the premises
- Spoke with 8 patients who were currently using the service
- Interviewed the sole staff member
- Reviewed 9 care records, including 6 for current patients and 3 for recently discharged patients
- Reviewed medicines processes and prescription pad storage and management
- Spoke with 3 external professionals who work closely with the service
- Reviewed information and documents relating to the management of the service.

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

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.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider ensured safety and environmental risk assessments had been conducted and acted to follow up any issues to ensure the premises were safe. However, they had not completed a legionella assessment. The provider had appropriate safety policies, which were regularly reviewed. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The clinician received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The service had a safeguarding policy in place.
- There was an effective system to manage infection prevention and control. The provider reported any infection prevention and control concerns to the building maintenance team. The provider had implemented extra infection prevention and control measures during the COVID-19 pandemic and some of these were still in place at the time of the inspection, for example ensuring chairs were 2 metres apart and that the room was well ventilated.
- The provider did not ensure that equipment was correctly calibrated. The clinician occasionally used a blood pressure machine and weighing scales but had not calibrated these, therefore they could not be assured that the measurements taken were accurate.
- The service did not have medicines for use in a medical emergency or a defibrillator onsite as it was not required to store medicines or provide a defibrillator.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. If patients were unable to climb the stairs leading up to the room, the provider arranged to see them at a GP surgery instead.

Risks to patients

The service did not always have documented risk management plans in place for patients with previously identified risks.

- We did not see any clear evidence of specific risk management plans to address current or potential risk in any of the care records we reviewed. This was particularly evident in relation to 2 patients with a previously disclosed history of suicide attempts and suicidal thoughts. We did not see any system in place to monitor future risk. However, the service did not accept referrals for patients who were at high risk of suicide. The clinician screened all referrals and made initial contact with patients to assess whether what they could offer would be suitable to meet their needs. Individuals that presented with greater risk than the service could manage, such as those displaying psychotic symptoms, were signposted to suitable NHS and private healthcare services.
- The service provided patients with information regarding services they should contact out of hours or in an emergency.
- 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. We

Are services safe?

reviewed 6 active care records and 3 care records for patients who had been discharged from the service. All care records were stored as paper files. All records were stored securely in a locked filing cabinet. All records were well written and contained clear and detailed information. There was a one page profile at the front of the paper record and the consent form was stored inside the back cover of the file for ease of reference.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. We saw evidence of timely referrals to other professionals. An example of this involved a patient who required a different treatment option to those provided by the service. The clinician ensured that the patient had been accepted by the alternative provider prior to discharging the patient from their care.

Safe and appropriate use of medicines

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

- The provider's systems and arrangements for managing medicines, including controlled drugs, minimised risks. No medicines were stored on the premises. Medicines were only occasionally prescribed. The clinician had prescribed on 3 occasions within the last 12 months. The service kept prescription stationery securely in a locked box in a locked cupboard. The clinician kept copies of prescriptions in the patient records. The service had a prescribing policy in place, which included controlled drug prescribing. The clinician copied and stored all controlled drug prescriptions in a controlled drugs folder.
- The clinician prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. We did not see any evidence of medicines being prescribed outside of national guidelines.
- The clinician ensured appropriate physical health monitoring was carried out where required. They requested that this was completed by the patient's GP. A GP we spoke with told us that the clinician often requested physical health monitoring was carried out when medicines were prescribed, and that they always followed up the results to ensure they had these for their records.

Track record on safety and incidents

The service had a good safety record.

- There had been no incidents at the service.

Lessons learned and improvements made

There had been no incidents at the service.

- There had been no incidents at the service, however the registered manager understood their duty to investigate concerns and report incidents and near misses.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service received alerts and updates on medication via the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Independent Doctors Federation (IDF).

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems in place to ensure they stayed up to date with current evidence based practice. We saw evidence the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines, British National Formulary (BNF), Maudsley Prescribing Guidelines in Psychiatry and The British Association of Psychopharmacology guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. All care records we reviewed contained a comprehensive assessment of patient need. The initial assessment reflected the patients' immediate needs and where relevant included a full medicines reconciliation.
- Clinicians had enough information to make or confirm a diagnosis. In all cases the patients' background history, past medical and treatment history and reason for referral together with the patients' desired outcomes were obtained and documented. The clinician used the information to address the patients' ongoing needs and formulate a diagnosis and clear treatment plan.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service carried out annual audits. They collected outcome measures, however this was not always routinely done.

- The service carried out an annual audit, the topic of which was decided by the clinician. In 2021 they had audited whether GP letters had been sent out within 5 working days of seeing the patient. The results showed 100% compliance and therefore no action plan was needed, other than to continue maintaining the standard. In 2022 they audited the core outcome scores for patients, which showed there were gaps in the outcome scores being recorded, however no action plan had been documented to address this.
- The service did not always document outcome measures. All of the records we reviewed contained a core outcome measure assessment which had been completed on admission to the service. This was a structured questionnaire in relation to the patients' current presentation; mood; level of coping and functioning which was completed by the patient. The resulting score was then calculated by the clinician and used to provide a baseline measure of the patients' current level of mood and risk. However in 5 out of the 6 care records that we reviewed there were no dates on the core outcome measure assessment forms and no further core outcome measures had been completed in order to re-assess and evaluate patient progress in line with their treatment. We saw evidence in some of the care records of different assessment and rating scales being used, these included the Youngs Mania Rating scale. The outcome of the assessments were used to determine the most appropriate treatment interventions, including medicine prescribing.

Effective staffing

The clinician had the skills, knowledge and experience to carry out their role.

- The sole staff member was appropriately qualified. They were registered with the General Medical Council (GMC) and up to date with revalidation.
- The staff member stayed up to date with their training and professional development. We were provided with a list of the training courses they had completed. This was also reviewed as part of their annual appraisal.

Are services effective?

- The clinician was part of a peer support group locally and also part of an international supervision group for ISTDP.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. All of the care records we reviewed contained evidence of effective communication with GPs, medical insurance companies where relevant and other private healthcare providers.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. The clinician had documented full medicines reconciliation in each of the records we reviewed. There was also evidence of further tests being requested and the results obtained, for example to rule out other causes or to check the effects of medicines.
- We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. Patients were signposted to different services based upon their treatment needs and wishes. The clinician acknowledged that the form of therapy they offered might not be suitable for every patient and they were transparent and clear in their approach to this.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. We saw clear evidence of GP letters detailing any medicines prescribed, any changes to prescribed medicines and requests for physical health monitoring where relevant. Every GP letter was shared and agreed with the patient prior to being sent out.
- 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 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. A GP told us that letters were sent to them promptly.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw evidence of close working with the perinatal mental health team.

Supporting patients to live healthier lives

Staff were proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The clinician provided patients with advice on various relaxation methods that they could use to self-care. An example of this advice was on using the Jacobson's progressive method of relaxation. We also saw evidence of where they had discussed techniques to assist with dizziness with patients. Patients told us the clinician had provided them with advice around sleep hygiene.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. The clinician recognised and understood that ISTDP was not suitable for all patients. The clinician signposted patients to other services that might be of benefit or referred the patient back to their GP.

Consent to care and treatment

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

- The clinician understood the requirements of legislation and guidance when considering consent and decision making. They had a good understanding of the Mental Capacity Act (MCA) and had completed training in this.
- The clinician supported patients to make decisions.

Are services effective?

- The clinician recorded consent in each patient's record. Each record we reviewed contained a consent to share form signed and dated by the patient. There were 3 different levels of consent to share, including patient consent for therapy sessions to be recorded. Patients could decline consent to be recorded and this did not result in them being excluded from treatment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- All of the patients we spoke with were positive about the way the clinician treated them. They told us that the clinician was kind, caring and treated them with dignity and respect at all times.
- The clinician understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. This was evidenced in the care records we reviewed. The patients receiving treatment were from a wide range of demographic backgrounds.
- The service 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.

- The clinician supported patients to make decisions. All of the care records we reviewed reflected a high level of patient involvement and documented the process of decision making with regards to treatment options. Patients were provided with clear and comprehensive information in terms of the treatment being proposed, what the sessions would cover and how this could be achieved. Patients who had been prescribed medicines told us they felt they had been involved in deciding whether or not this was the right option for them. They told us they had been given comprehensive information about the benefits and risks, both verbally and in writing. Patients were able to discuss any concerns or questions they may have and this was clearly documented in the patient's care record. Patients told us that they felt comfortable to request changes to their care and treatment and that the clinician would take their views into account.
- The provider would consider patients' diverse needs, such as a need for a translator service, if required.
- The service asked patients for feedback on the quality of care. Patients were asked to complete a questionnaire upon completing their treatment. The feedback received was very positive.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. This was embedded throughout care and treatment. All consultations were held in private.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The clinician understood the needs of their patients and improved services in response to those needs.. All of the treatment plans we reviewed were person-centred, individualised, and holistic. All of the care records we reviewed contained the patients' desired outcomes and preferences. Where relevant the clinician offered patients a trial of ISTDP to ensure that the patient felt it was the right intervention for them. We saw evidence that the clinician worked flexibly to accommodate the individual financial circumstances of patients in terms of payment of any excess not met through private medical insurance or private fee paying clients.
- The facilities and premises were appropriate for the services delivered. The room where patients were seen was quiet, comfortable and suitably furnished. Patients told us that they felt comfortable and safe going there. They told us that the clinician always ensured the room was a comfortable temperature. The clinician had facilities to make refreshments for patients.
- Reasonable adjustments had been made so people could access and use services on an equal basis to others. For example, the clinician ensured the service was accessible to people who due to their mobility were not able to access the room located on the first floor.

Timely access to the service

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

- The service had a waiting list of up to 12 months for therapy. However, the clinician worked flexibly to try and offer patients an initial assessment within 2 weeks to ensure the therapy was right for them prior to them being added to the waiting list. Some of the patients we spoke with told us they had to wait several months for therapy after their initial contact with the clinician, however they told us they were regularly kept updated and that they were happy to wait. The clinician had advised them of alternative services they could approach if they did not wish to wait and told them there was no obligation to wait for therapy once they had been added to the waiting list.
- Delays and cancellations were minimal and managed appropriately.
- Patients were able to book their appointments directly with the clinician.

Listening and learning from concerns and complaints

The service had not received any complaints.

- Information about how to make a complaint or raise concerns was sent to patients in their initial appointment letter.
- The service had a complaints policy in place. They had not received any complaints.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges the service faced.

Vision and strategy

The service had a clear vision.

- There was a clear vision for the service which was to provide good quality outpatient psychiatric care to patients. The clinician was very passionate about the therapy they offered to patients and keen to deliver this in the best way they could to benefit patients.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated throughout our inspection. Patients told us that the clinician was always open to feedback and they would not hesitate to raise any issues. The provider was aware of and had a policy in place to ensure compliance with the requirements of the duty of candour.
- The sole staff member received an annual appraisal.

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 and effective. The clinician held regular governance reviews with a set agenda which included an appraisal update, training update, audits, incidents and complaints.
- The clinician had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. The registered manager reviewed all policies regularly, they all had a documented date for review.

Managing risks, issues and performance

There were processes for managing risks in place, however these were not always consistently followed.

- There were documented processes in place for managing risks, however we found that these were not always followed. For example, the risk management process showed that monthly infection control walkthroughs took place, however we were told these were not regular and they were not documented. The document also stated that annual portable appliance testing took place, however this had not been completed since 2021.
- The main risk for the service was sustainability as it was delivered by an individual clinician. In the event of their absence appointments would be rescheduled.
- The provider did not have a documented business continuity plan in place but told us they would be able to see patients at an alternative location should the premises be unusable.
- The clinician had oversight of relevant safety alerts.

Are services well-led?

- The clinician completed an annual audit and the results were discussed in governance reviews and appraisals.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required. The service had not been required to submit any notifications to the Care Quality Commission, however the registered manager was aware what the reporting requirements were.
- 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. Records were stored in locked cupboards. Recordings of therapy sessions were stored on an encrypted hard drive.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients and external partners and acted on them to shape services. The service routinely collected feedback from patients. None of the patients we spoke with could think of any ways the service could be improved. External partners told us that the clinician worked effectively and collaboratively with them to best meet the needs of patients.

Continuous improvement and innovation

There was evidence of continuous improvement.

- There was a focus on continuous learning and improvement. The clinician actively sought opinions from their supervisor and peers around the therapy provided. Where patients consented, the clinician recorded their therapy sessions and watched these back with their supervisor and peers as part of their international peer supervision group. This enabled them to receive in-depth feedback about their performance and to share best practice. The clinician had future plans to become a trainer in ISTDP.