

Phoenix Mental Health Services - The Alec Forti Rooms

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

This service is rated as Requires improvement overall.

Phoenix Mental Health Services - The Alec Forti Rooms were previously inspected in 2013 under Essential Standards and the Health and Social Care Act 2008 (Regulated Activities) Regulations 82014 (Part 3). The service was deemed to have met the standard at this inspection.

This is the first rated inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at The Alec Forti Rooms as part of our programme and in response to a Direct Monitoring Approach.

CQC (Care Quality Commission) inspected the service on 6-7 March 2013 and at the time of the inspection the provider met the compliance standards.

The service is a private clinic providing outpatient assessment and treatment to people referred by their General Practitioners or legal representatives. People attending the clinic were also able to self-refer for assessment and treatment. The service specialises in adult and child psychiatry. Most of the staff are associates.

The clinical director 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 6 patients to gain their feedback about the service.

Patients praised the staff for their efficiency and professionalism. They felt safe to share details about their mental health needs but were not always confident that their personal information would be kept private. For example, there were occasions when information was shared to insurance companies or GP (General Practitioner) despite request not to disclose some information.

There was a clear assessment process and the service offered flexibility of appointments. There were clear on the reasons for the referral and the treatment they were having. Patients were copied into emails about the outcome of their appointments.

Overall summary

Patients were not aware of any system to give feedback about the service.

Our key findings were:

- The service ensured patients consented to the treatment to be provided.
- Patients were copied into emails to their GP which detailed their treatment options.
- The service responded promptly to referrals for treatment.

However.

- There was a lack of oversight across the service. There was no system for monitoring the service. For example, a clinical audit programme.
- Policies and procedures were not in place on the standards of the service or how they were to be managed. Where policies were in place, some were outdated or not reviewed within an appropriate timeframe.
- While risks had been assessed, they lacked detailed plans on how the risks were to be reduced.
- Clinical associated training records and checks of professional qualifications were not currently kept.
- Clinical associates were not having regular supervision to ensure they met the values of the service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The provider must ensure that policies and procedures on the standards of the service and how they are to be managed and reviewed are in place. For example, safeguarding of adults and children. Regulation 17
- The provider must introduce a governance system to monitor the quality performance of the service. The provider must also confirm the professional qualifications and training of clinical associates. Regulation 17
- The provider must ensure risk assessments detail how risks will be mitigated which must be reviewed. Where physical health checks are advised the provider must ensure good practice guidance is followed. Regulation 12
- The provider should ensure clinical associates have regular supervision to ensure they meet the values of the service Regulation 18

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

- The service should introduce surveys on patients experience of their treatment.
- The provider should ensure learning from incidents and accidents is shared.

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC inspector, and member of the CQC medicines optimisation team

Background to Phoenix Mental Health Services - The Alec Forti Rooms

- Phoenix Mental Health Services LLP, Suffolk House, 54-55 The Green, Woodburn Green, High Wycombe, HP10 0EU
- The service provides a broad range of mental health services and patients can be referred by their GP, private insurance, or self-referral.
- Both children and adult can access services from psychiatrists, psychologists, psychotherapists, mental health and substance misuse nurses as well as a range of other professionals.
- <http://www.phoenix-mhs.com/>

How we inspected this service

- We spoke with 6 patients,
- Toured the environment including consulting and a treatment room,
- Reviewed 6 care records,
- Spoke with 2 clinical directors, practice manager, senior therapist and 2 administrative assistants,
- Spoke with 2 clinical associates,
- Reviewed medicine processes and prescription pad storage,
- Reviewed 3 staff files,
- Reviewed information and documentation relating to the operation and management of the service.

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 Requires improvement because:

Safety systems and processes

The service had no clear systems to keep people safe and safeguarded from abuse.

- Safeguarding policies were outdated, and the guidance was not in line with current good practice. For example, the Protection of Vulnerable Adults (POVA) policy was last reviewed in 2020 although the official terminology had since changed to 'Safeguarding adults from abuse'. The Child Protection Policy was dated September 2020 and details were missing which included the nominated lead and the Local Authority team for escalation of concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Staff applied for roles and submitted application forms listing their full employment history and the names of referees. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, on our review the personnel files for 2 staff members were missing their employment history and proof of ID.
- The senior therapists, the practice manager and an administrative assistant had attended safeguarding adults and children level 1 training and knew how to identify and report allegations of abuse.
- The provider ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. Safety checks and insurance liability certificates were displayed in reception.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not effective.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff employed by the service. Clinical Directors said that all relevant professionals were registered with the General Medical Council (GMC), Nursing and Midwifery Council and Health and Care Professionals Council and were up to date with revalidation.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were minimal stocks of medicines for emergencies. There was no system for auditing emergency medicines although a record on the dates of expiry was kept. The first aid kit was not checked regularly to ensure the supplies and equipment were in stock and available to treat minor to moderate medical conditions. Audits of emergency medicines were introduced since our inspection.
- Patients' individual risks were assessed but lacked detail and were not reviewed to ensure the actions addressed any emerging risks. The outpatient risk assessment form directed staff to document an action plan for any risk scores of 2 or more. However, the actions sections were not always completed or lacked detail on how they were to be reduced and when it was to be reviewed. For example, for a patient with a score of 2 was given for non-accidental self-harm/suicide but the plan was missing in the action section of the form. For another patient had a 3 score of relapse or deterioration no actions were listed. The risk assessments were not reviewed since 2022. The clinical directors acknowledged the information was not sitting in the right place.

Information to deliver safe care and treatment.

Staff had the information they needed to deliver treatment to patients.

Are services safe?

- All documentation was in paper format and kept in secure lockable cabinets in reception. Associate clinicians emailed copies of their notes for downloading into paper notes.
- Within care records there were assessments with some background information, consent forms, clinician notes and correspondence to the GPs (General Practitioner) with the proposed treatment options. Risk assessments and treatment plans were brief and there was no evidence on the recognised assessment tools used for measuring outcomes.
- The service had systems for sharing information between clinical and therapy staff as appropriate to enable them to deliver the agreed treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The clinician prescribing controlled drugs contacted the patient and their GP by email prior to prescribing controlled medicines. Specific prescription FP10PCD forms for controlled drugs were posted by special delivery to the pharmacy.
- Staff prescribed, administered, or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, regular appointments to ensure correct dosage of medicines prescribed. Regular reviews of medicines took place once the patient was on a stable dose.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made.

The service learned when things went wrong but the sharing of learning was not consistent.

- A Serious Incident Reporting/Management policy giving staff guidance on how to raise concerns and report incidents and near misses was not in place at the time of the inspection site visit. There was no evidence of how learning was identified and embedded into practice and cascaded to staff. However, staff said they reported incidents and accidents to the practice manager. A member of staff said group discussions took place following some incidents.
- There were adequate systems for reviewing and investigating when things went wrong. Learning from incident and changes to policy was shared during staff meetings. For example, shouting to reception staff will not be tolerated.

Are services effective?

We rated effective as Requires improvement because:

Effective needs assessment, care, and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with current standards.

- Referrals to the service were accepted from GPs, insurance companies or self-referrals. Patients were sent appropriate information on the services available with consent forms. The senior therapist carried out the initial assessments for some therapies and diagnostic screening which clinicians analysed. For example, the senior therapist conducted initial assessments for attention deficit hyperactivity disorder (ADHD) and mild to moderate Alzheimer's.
- Clinicians had enough information to make or confirm a diagnosis. Patients that self-referred completed a registration form with background information, screening questionnaires, and had an assessment by the therapists. This was to ensure clinicians had the relevant information before their appointment with a psychiatrist. GPs and insurance companies provided all the necessary background information where they made the referral.
- The senior therapists followed National Institute of Clinical Excellence (NICE) approved guidance for Repetitive Transcranial Magnetic Stimulation (RTMS) equipment to treat some conditions such as anxiety and depression.
- An exclusion criteria policy was developed since the inspection visit. The exclusion criteria clarified there was a limit to the types of conditions and risks the service could safely accept for treatment.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- There was no formal system for monitoring the quality of the service including the actions for improvements with timeframes.
- Quarterly meetings were introduced in the last 12 months and only one meeting had taken place. Except for clinical associates all staff employed by the service were invited to the quarterly meetings. The minutes of the meeting held in April 2023 listed the discussions which included the improvements, audits of care notes and information was shared on research and new staff. An improvement plan arising from the discussions was not developed.

Effective staffing

Records on training attended were not in place for clinical associates. Mandatory training for employed staff at the service covered basic topics. All staff employed at the service were appropriately qualified. The provider had an induction programme for all newly appointed staff.

- There were up to date records of training. The training records for the senior therapist, practice manager and administration staff were available. Staff had to attend safeguarding for adults and for children level 1 and senior therapist also attended epilepsy awareness, and training on non-pharmaceutical treatment for patients with Alzheimer's.
- Clinical directors were not supporting associate clinicians through regular clinical supervision and appraisals. Records were not available to confirm that clinical associates were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council. Some Associates had an NHS online training account, but the service was not able to access this to verify.

Coordinating patient care and information sharing

There was contact with clinicians and with other organisations, to deliver effective care and treatment.

Are services effective?

- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history.
- Clinicians risk assessed the treatments they offered. They prescribed medicines and for repeat prescribing there were shared care agreements with the patient's registered GP.
- Patient information was shared appropriately, and we saw some evidence where patients were referred for community support. For example, community psychiatric nurse. There were clear and follow-up arrangements with GP and insurance companies.

Supporting patients to live healthier lives.

Staff were not consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. We noted examples where health checks were requested. For example, weight, height, and blood pressure checks. The relative of a patient under 16 was advised to carry out physical health checks. However, there was no evidence the clinician had reassured themselves on how the physical health checks were to be conducted or on the reviews of results that ensures good practice guidance for specific medicines.
- Risk factors were identified and highlighted to patients. Letter to GPs and patients described the options of treatment and the potential outcomes.

Consent to care and treatment

The service 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.
- Patients signed consent forms for treatment and to share information.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

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 provider understood the needs of their patients and improved services in response to those needs. For example, there were remote appointments at the service to offer flexibility. There was some availability for evening appointments. Patients were signposted to other organisations and services in the event of emergencies.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Ramps were available to access the consultation rooms and for patients unable to use stairs there were facilities to have appointments downstairs.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis, and treatment.
- Patients were offered flexible appointment times and were seen quickly. 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 service 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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Requires improvement because:

Leadership capacity and capability.

Leaders had the capacity and skills to deliver sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. There was to be additional roles and opportunities for professional qualifications.
- Clinical directors took steps to support staff by having a presence at the service. They worked closely with the practice manager and employed staff.

Vision and strategy

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

- There was a clear vision on developing a full range of services to adults and children. At a team building day the clinical director and staff discussed innovation and the direction the service was to take. For example, research, additional roles and expanding the range of services.

Clinical directors shared with the staff the vision, values, and strategy. Staff were knowledgeable about their role how to meet their responsibilities.

Culture

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

- Staff felt respected, supported, and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The staff employed at the service received annual appraisals from the clinical director or from the practice manager. But supervision arrangements for the clinical associates was not consistently in place.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability. However, systems to support good governance were not clearly set out.

- Structures, processes, and systems to support good governance and management were not clearly set out.
- Policies and procedures had not been reviewed. Policies and procedures were missing detail on the actions to achieve the intended results, how issues were to be managed or on how successes were to be measured. For example, exclusion criteria, safeguarding adults, and serious incidents
- Staff were clear on their roles and accountabilities. However, regular supervision was not taking place with employed staff or with associate clinicians.

Are services well-led?

- Confidentiality and data protection was listed within the risk register. The actions to mitigate the risk included establishing policies, procedures, and training.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- Clinical directors shared that the risks related to the environment because the building was not totally accessible to patients with mobility needs. A formal register on how to monitor future performance was provided following the inspection but did not include the environment. The risks listed were rated with the actions to mitigate the risks. For example, providing training and introducing checks.

Appropriate and accurate information

There was no clear process for gain oversight of the service.

- There was a lack of clinical oversight across the whole service including from clinical associates on the process to assess and monitor and implement improvements.
- Sustainability was discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff, and external partners and acted on them to shape services and culture. Feedback questionnaires were available in the reception area of the service and within the consulting rooms. Patients were able to give feedback on their experiences of the service through feedback questionnaires, but these did not focus on the quality of the clinical care provided.

Continuous improvement and innovation

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

There were systems to support improvement and innovation work. For example, developing the range of services and introductions of more clinics such as for lesbian, gay, bisexual, and transgender individuals (LGBT).

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 17 HSCA (RA) Regulations 2014 Good governance

- There was a lack of oversight across the service. There was no system for monitoring the service. For example, clinical audits.
- Policies and procedures were not in place on the standards of the service or how they were to be managed. Where policies were in place some were outdated or not reviewed within an appropriate timeframe
- The provider had not ensured that clinical associates were appropriately qualified. A record of the professional qualifications and training of clinical associates was not kept.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Clinical associates were not having regular supervision to ensure they met the values of the service.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Risks assessments lacked detailed plans on how the risks were to be reduced. Clinicians had not reassured themselves on how the physical health checks were to be conducted or on the reviews of results that ensures good practice guidance for specific medicines