

Nature Consultancy Limited

Emotions Clinic

Inspection report

Nature Consultancy Limited

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Overall summary

We carried out an announced comprehensive inspection on 13 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service provides private psychiatric and psychological treatments for mental health problems and specialises in the assessment and treatment of stress, anxiety and depression.

Dr Kishore Chandiramani 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.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008.

Our key findings were:

- Care was highly person centred. Care records evidenced a collaborative approach to setting treatment goals. Staff listened to patients and adjusted treatment to suit a patient's personal experiences and needs.

Summary of findings

- Patients were able to give feedback to the service. The registered manager valued this information and included it in planning future service development.
- The service was responsive to patient need. Patients were offered appointments out of hours and at weekends to improve access.
- Regular clinical reflection supported the operation of the service and gave assurance that the quality of care was monitored effectively.
- All staff received supervision and support in developing their knowledge and skills and there was a strong emphasis on continued professional development.
- The manager encouraged staff feedback and participation in making decisions about the service. All staff felt their voice was listened to.
- The provider did not always completely document or regularly review risk assessments for all patients. This meant that patient records did not have up to date information on patient risk and was not available to other professionals.

There were areas where the provider could make improvements and should:

- Always record their risk assessments, fully demonstrating the identification, management and mitigation of risk.
- Regularly update risk assessments when a patient's situation changes.
- Review and update its clinical and human resource (HR) policies and procedures
- Review and develop its quality improvement programme
- Complete a full environmental risk assessment to include a ligature risk assessment

Dr Paul Lelliott

Deputy Chief Inspector of Hospitals (Hospitals- Mental Health)

Emotions Clinic

Detailed findings

Background to this inspection

The Emotions Clinic is a stand-alone service, for private fee-paying patients, run by Nature Consultancy Limited.

The service is run by Dr Kishore Chandiramani, a private consultant psychiatrist with over 30 years' experience. The clinical team includes the registered manager (the consultant psychiatrist) a locum psychiatrist, a nurse and four part time administrative staff. The service is provided for adults and children over the age of 14 years old. The overall objective is to offer psychiatric and psychological treatment (psychotherapy) to people with mental health problems in Stoke on Trent and neighbouring areas. Therapies are delivered either on a one to one basis or in group sessions. Drug treatments, counselling and therapy are provided for clinical conditions such as anxiety, stress and depressive disorders and psychosis.

The consultant psychiatrist makes an initial assessment of all patients and a treatment plan is developed in consultation with the patient. One of the primary treatments offered is an innovative integrated six session stress management programme. All the treatments provided by the clinic are evidence based and can include medication. The practice also takes on medico legal work for people who require assessments for personal injury claims, mental capacity, occupational fitness and employment and mental health hearing tribunals.

The service address is:

Nature Consultancy Limited, 1 Lawson Terrace, Knutton
Newcastle Under Lyme, ST5 6DS

The core opening hours for the service are Monday, Tuesday, Thursday and Friday 9am-5pm and 9am-7pm on Wednesday. The assessment clinics run on Tuesdays and

on Wednesday evenings. Patients can also access support from the consultant psychiatrist by telephone outside of appointment times. Follow up appointments can also be made by video call.

The staff team at the clinic consists of the registered manager who is also a consultant psychiatrist, a registered mental health nurse with over 15 years' experience of working in mental health and a locum consultant psychiatrist familiar to the service. The team is supported by four part time medical secretaries and currently employs two part time consultants for Human Resource advice and CQC inspection compliance.

We carried out an announced comprehensive inspection at Emotions clinic service on 13 November 2018. Our inspection team comprised two CQC mental health inspectors

Before visiting, we reviewed a range of information we hold about the service. Prior to the inspection we reviewed any notifications received, and the information provided from pre-inspection information request.

During our visit we:

- Spoke with all staff at the service
- Reviewed five service user feedback forms
- Looked at the equipment and rooms used by the service.
- Reviewed twelve case records, one personnel file, clinical policies, minutes of meetings and other policies.

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?

Detailed findings

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

Are services safe?

Our findings

Safety systems and processes

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

- The provider conducted clinical risk assessments and had appropriate safety policies in place that were accessible to all staff. However, these policies did not have review dates and the inspection team were therefore unable to assess how regularly policies were reviewed and communicated to staff. The service had policies in place to safeguard children and vulnerable adults from abuse.
- The service worked closely with the patients' GPs and 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 provider had carried out staff checks on recruitment including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- An infection control policy was in place and the lead nurse was the infection control lead. However, there were no handwashing posters displayed for staff or the public. Records showed that the clinical environment was regularly cleaned.
- The provider did not have emergency medical equipment on site. However, staff told us they had plans to bring in another agency to supply resuscitation training.
- Ligation risks existed in interview rooms. However, patients at the centre were as assessed as low risk, were

not routinely left in rooms on their own and doors were left open for observation if patients were ever left on their own. We would expect a ligation risk assessment, but the provider did not have one.

- The Emotions Clinic were in the process of installing a personal alarm system for all staff.

Risks to patients

The Emotions Clinic did not have fully developed systems in place to record their assessment, monitoring and managing of risks to patient safety.

- The provider did not use a recognised risk assessment tool to record risk consistently. The consultant psychiatrist at initial assessment carried out patient risk assessments. These assessments were reported in a letter to the patient's GP and copied to the patient. However, the recording of clinical risk was not structured or consistent in documenting and contextualising patient risk to themselves and others. In the 12 records we reviewed there was only evidence of three risk assessments being fully completed and of two being fully reviewed. We highlighted this omission to the registered manager at the time of inspection and he agreed to urgently review the process used to assess and record risk.
- The lead nurse had completed training in emergency resuscitation and life support and was able to respond to medical emergencies. The provider's operational framework manual outlined a policy of situational assessment, response and review to major incidents. Other staff understood their responsibilities were to administer first aid and to call the emergency services in the event of a patient physical health emergency.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Employers liability, public liability protection and specialist indemnity insurance cover was all in place.

Information to deliver safe care and treatment

- Staff did not have all the information they needed to deliver safe care and treatment to patients.
- Individual care records consisted of consultant psychiatrist letters of initial assessment, follow up letters to the patient's GPs describing the content of ongoing consultations and case notes written by the

Are services safe?

nurse. These care records showed that information needed to deliver safe care and treatment was available to staff in an accessible way except for fully completed risk assessments and reviews.

- The service regularly shared information with staff, GPs and other agencies to enable them to deliver safe care and treatment.

The service had a system in place to retain medical records in line with Department of Health and Social Care guidance. All records were kept in locked rooms and in locked filing cabinets.

Safe and appropriate use of medicines

The service did not dispense or store medicines.

- The service kept prescription stationery securely and monitored its use.
- Staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. Doctors kept accurate records of all prescribed drugs.

Track record on safety

- The service had a good safety record. There were comprehensive risk assessments in relation to safety issues. The service monitored and reviewed activity on a regular basis at management and governance meetings.

Lessons learned and improvements made

- The providers operational framework manual emphasised prompt assessment and response to incidents and advocated a no blame culture of learning when things went wrong.
- The registered manager had effective and timely communication with all staff to ensure all members of the team received information and alerts about incidents if they occurred.
- The registered manager had assessed clinical and environmental safety issues. These were noted on the service risk register. However, staff had not completed a comprehensive environmental risk assessment.
- Staff understood their duty to raise concerns and report incidents and near misses. The registered manager supported them when they did so. However, no incidents had been reported in the previous twelve months.
- There were systems for reviewing and investigating when things went wrong and the provider had identified a system within their operational manual to help learn and share lessons and identified themes.
- The provider was aware of and complied with the requirements of the Duty of Candour. There had been no incidents requiring Duty of Candour contact in the previous twelve months. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The registered manager had a strong commitment to delivering evidence based treatment. We saw evidence that clinicians 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 on the treatment and clinical management of depression and anxiety. We saw in clinical letters the psychiatrist explaining his choices of medication in line with the guidance.
- The assessment of patients' immediate and ongoing emotional needs was not always fully documented, physical health screening was not offered to patients.
- Clinicians had enough information to make or confirm a diagnosis and used a comprehensive patient questionnaire and other validated clinical tools to assess and measure the effectiveness of treatment on reducing the intensity of symptoms. The six-session stress management programme included education on the causes of stress, the symptoms and how to identify and manage them. Individual and group therapy sessions were complemented by a digital format of the six sessions available on DVD or from the providers web site.
- We saw no evidence of discrimination when making care and treatment decisions.
- To meet the demands of patients in distress and living in dispersed rural areas the service had developed a protocol for the use of SKYPE for consultations. Patients gave a specific consent to the use of this application.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements using data from the Generalised Anxiety Disorder 7 and Patient Health Questionnaire 9 for anxiety and depression score sheets. A clinical audit indicated good rates of patient's symptoms reducing or clearing completely. Initial findings were that these

results compared favourably with local NHS outcomes. This information was used in a process of ongoing quality improvement to the service's core stress management programme.

Effective staffing

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

- Both the nurse and consultant psychiatrist were appropriately qualified and registered with the relevant professional medical and nursing bodies up to date with revalidation.
- The provider understood the learning needs of staff and provided regular briefing and training of staff to ensure that they were competent in providing their range of services.
- All clinical staff received regular supervision and appraisal with six monthly review.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff received referrals from GPs for patients who might have normally been referred to a Community Mental Health Team or Child and Adolescent Mental Health services.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history to guide further prescribing. Staff told us that patients were signposted to other services if they were more appropriate to their needs.
- 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 registered manager provided detailed letters to the patient's GP after each consultation with a summary of their assessment and treatment plan.
- Care and treatment for patients in vulnerable circumstances was coordinated with the patients GP and the local Community Mental Health Team and Child and Adolescent Mental Health Service when the treatment programme with the Emotions Clinic came to

Are services effective?

(for example, treatment is effective)

an end. At this time patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

- The Emotions Clinic model of care and the integrated stress and anxiety reduction approach developed by the registered manager promoted self-management of symptoms. The emphasis being on helping the patient understand both their psychological and physiological symptoms and the reasons for them.
- Patient risk factors such as increased severity of symptoms or risks to others were identified, highlighted to patients and where appropriate highlighted to their GP, in letter form, for additional support and referral if necessary.

- When patients' need could not be met by the service, due to the identification of increased vulnerabilities or risk, staff redirected them to the appropriate service for their needs.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision and accessed the Mental Capacity Act code of practice for reference
- The service monitored the process for seeking consent appropriately and patients completed a written consent form.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion.

- The Emotions Clinic team were a small, friendly and demonstrably caring team and regular patient feedback reinforced that all patients were very positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs and each patient was known well by the team and patients felt treated as individuals.
- The service gave patients timely support and information. The registered manager had developed a variety of interactive and accessible aids to ensure patients received and understood the information provided.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them

- Patients had access to their care plans and were involved in decisions about their care.
- Patient questionnaires rated the Emotions Clinic as good and excellent overall. This rating was the same for the quality of information received before attending the centre, the welcome they received on arrival and for the quality of care they received from staff.
- Staff communicated with people in a way that they could understand by describing symptoms and treatments in accessible language. Easy read materials were also available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect, and the service complied with the General Data Protection Regulations 2018.
- All confidential information was stored securely on computers or locked in a secure filing cabinet.
- All therapy and consultation rooms were private and secure to ensure confidentiality at all times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 regular feedback from patients. Patients were offered face to face appointments and telephone consultations. Flexible appointment times were available, and staff offered a text messaging service for appointment reminders and cancellations. Both a male and female clinician was available for patients and the consultant psychiatrist was available out of hours and at weekends to talk to patients.
- The facilities and premises were appropriate for the services delivered, offering comfortable and accessible spaces for individual therapy and group work.
- Staff told us that reasonable adjustments had been made for vulnerable patients to access and use services by offering tailored face to face, video and telephone appointments to suit patients individual needs.

Timely access to the service

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

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Patients were also screened for affordability and charged reduced fees if necessary.
- Patients had timely access to initial assessment, diagnosis and treatment.

- There was no waiting time to access the service, no delays and minimal cancellation of appointments. Staff reminded all patients of their appointments by text the day before.
- Patients with the most urgent needs had their care and treatment prioritised. Staff organised additional clinics to meet any urgent patient need.
- Patient feedback indicated no reported no problems with the appointment system.
- Referrals and transfers to other services, if required, were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had a complaints procedure and all patients were asked to complete a feedback questionnaire following treatment. The results of these were discussed at team meetings to ensure all patient feedback was acted on. However, the service had not received any complaints.

- Information about how to make a complaint or raise concerns was available and displayed on posters throughout the clinical areas. No complaints had ever been received by the service.
- The service's complaints policy set out further action available to patients should they not be satisfied with the response to their complaint.
- The service learned lessons from their extensive patient feedback. Most patients receiving treatment had completed these questionnaires and staff were always keen to improve the services for patients and alert to any improvements that could be made. Most patients were very complementary about the service they received.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- The registered manager was knowledgeable and expert about issues and priorities relating to the model of care and its quality. The Emotions Clinic staff had an overall ethos of continuing improvement and delivered clinical interventions based on sound evidence of their effectiveness. Staff actively considered how to improve their service delivery by constantly reviewing of emerging evidence for their treatments and made changes accordingly.
- The registered manager had oversight of all service delivery through regular governance and clinical meetings where all aspects of individual clinical care were discussed in detail.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The registered manager understood the need to develop leadership capacity and skills, including planning for the future leadership of the service.

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 to deliver a high quality evidence based integrated model of care, delivered by competent staff who shared a common set of caring and compassionate values. The service had pursued a strategy to attain this and were developing a business plan to become a social enterprise.
- The service developed its vision, values, and strategy jointly with staff and with local GPs.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were very proud to work for the service.
- The service focused on the needs of patients and ensured it included patient feedback as a key quality indicator.
- The provider had a commitment to openness, honesty and transparency and they were aware of the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and had confidence that these would be addressed.
- There were processes for providing the nurse with the professional development they needed. This included appraisal and career development conversations and training. Staff were supported to meet the requirements of professional revalidation.
- Staff safety and health and well-being were promoted by the registered manager in keeping with the overall clinical ethos of the service.
- Staff felt they were treated equally and all staff were alert the causes of workforce inequality. A training programme, including an equality and diversity module was in the development.
- There were positive relationships between staff and management.

Governance arrangements

There were processes and clear staff responsibilities to support good governance and management.

- Structures, processes, and systems to support good governance and management were in constant development and staff understood the importance of promoting interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. However, a full suite of policies and procedures was in development.
- The manager continued to establish proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. Regular team and governance meetings reviewed activity and discussed any areas of concern. The service had recently developed an operational framework to

Are services well-led?

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

address these issues. However, more work was required to consolidate and update clinical risk and other policies, to establish clear quality improvement programmes and to develop further outcome measures.

Managing risks, issues and performance

There were clear and effective clinical responses to managing risks, issues and performance.

- The Emotions Clinic did not admit patients assessed by the consultant psychiatrist to be high risk. However, individual patient risk was not always documented fully in his letters or in the care records. When this was identified during the inspection the registered manager agreed to respond immediately and change his practice to detail fully risk and absence of risk as routine in all letters.
- The monitoring and management of potential future risks, including risks to patient safety, took place at regular business and clinical meetings. The registered manager proactively led on reviewing risks for the service and maintained a comprehensive risk register.
- Supervision was provided to staff. However, full data was not available to demonstrate the frequency of supervision of the nurse. However, appraisal and appraisal review dates were current. The registered manager had oversight of prescribing and referral decisions.
- Two audits had been completed on record keeping and clinical improvement based on patient scores in validated anxiety and depression rating scales. The Emotions Clinic had an incident response and business continuity plan.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance through discussion at clinical meetings and regularly included the views of patients.
- The service had performance data from their clinical improvement audit and service user satisfaction questionnaires and this was used to monitor the performance of all staff.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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.

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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture through patient satisfaction survey and through professional feedback from training events.
- Staff were able to describe to us the systems in place to give feedback at team meetings and the registered manager regularly responded to staff ideas and concerns. All staff reported feeling very engaged with the development of the service and felt they were listened to by the manager.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement, and innovation.

- There was a focus on continuous learning and improvement and staff excelled in the development of biofeedback therapy. The registered manager had also completed a post graduate degree in existential psychotherapy, a diploma in psychosocial therapy and relationship counselling and higher specialist training in dynamic and interpersonal psychotherapy. All clinical staff participated in professional development and clinical conferences.
- The service was also involved in improvement and innovation work with GPs, training them in medically unexplained symptoms and brief interventions to use in GP clinical practice. The training also helped to support GPs to engage with patients more efficaciously in the limited time they had available. Local GPs funded this training themselves and had collective oversight of its quality and delivery. The service also encouraged the participation of nursing students in its innovative therapeutic work.