

# Mental Health and Well being Services Limited

# Mental Health and Well being Services

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 22 October 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 in accordance with the relevant regulations

### 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 psychiatry and psychological treatments for mental health problems and specialist treatments for adult Attention Deficit Hyperactivity Disorder (ADHD) patients commissioned by the NHS.

Dr Mirza Wasi Mohamad 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 in respect of some, but not all, of the services it provides. For example, fitness instruction does not fall within the regulated activities for which the location is registered with CQC.

# Summary of findings

Eleven people provided feedback about the service. Two patients attended the inspection and nine shared their opinions through comment cards completed before our inspection. One patient shared their experience through the CQC's website. All feedback was positive

## **Our key findings were:**

- Clinical staff carried out risk assessments on all patients on referral and prioritised patient safety throughout the course of treatment.
- 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.
- Patients were able to give feedback to the service. The service manager valued this information and included it in planning future service development.
- The service was responsive to patient need and offered appointments out of hours and at weekends to improve access.

- Clear governance structures supported the operation of the service and gave assurance that the quality of care was closely monitored
- The service had received no complaints. One patient had raised a concern and staff had listened and changed practice as a result.
- All staff received supervision and support in developing their knowledge and skills. The clinical team worked closely together and supported one another to deliver a holistic package of treatment to patients.
- The manager encouraged staff feedback and participation in making decisions about the service. All staff felt their voice was listened to.

## **Dr Paul Lelliott**

Deputy Chief Inspector of Hospitals (Hospitals- Mental Health)

# Mental Health and Well being Services

## Detailed findings

### Background to this inspection

The Mental Health and Well being service is a stand alone service run by Mental Health and Well being Services Ltd.

The service provides a variety of mental health assessment and treatment for private patients and a specialist NHS commissioned service for adults with Attention Deficit Hyperactivity Disorder (ADHD). In September 2018 62% of all appointments related to the specialist ADHD service.

The service has recently amended its CQC registration to allow it to treat children and young people. The service aims to provide a comprehensive picture of an individual's mental health and emotional wellbeing.

Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Staff provided patients with a comprehensive report detailing the findings of their assessment. The reports include advice and guidance on how the patient can improve their health and they include information to support patients in effectively managing their problems. Members of the team could provide psychological therapies and support, medicines management and fitness coaching following initial assessment.

The service address is:-

Mental Health & Wellbeing Services Ltd, Building 2,  
Charlesworth Court, Off Knights Way, Battlefield Enterprise  
Park Shrewsbury SY1 3AB

Appointments for the commissioned ADHD service are also available at the Malinslee Medical Practice in Telford.

The core opening hours for the service are Monday to Friday 9am-5pm. However, additional appointments can be made available out of hours and occasionally at weekends to meet patient need.

The staff team at the clinic consists of the registered manager who is also a consultant psychiatrist, a mental health nurse prescriber, a consultant psychotherapist and a psychologist. The team is supported by a full time administrator. Practising privileges have also been extended to a further consultant psychiatrist who specialises in child and adolescent mental health.

We carried out an announced comprehensive inspection at Mental Health and Well being service on 22 October 2018. Our inspection team was led by a CQC Mental Health inspection manager who was accompanied by a CQC mental health inspector.

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
- Looked at the equipment and rooms used by the service.
- Reviewed ten case records, three personnel files, clinical policies, minutes of meetings and policies..

We informed the two commissioners of the ADHD pathway that we were inspecting the service; both commissioners provided positive feedback about the service.

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

# Detailed findings

- 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?

## Our findings

### Safety systems and processes

The service 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 and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- 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 provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (Disclosure and Barring Services 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.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The clinical environment was the subject to a safety and cleanliness audit. The environmental risk assessment considered and addressed any potential ligature risks. Interview rooms were fitted with alarms and staff were on site to respond to alarms.

### Risks to patients

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

- The service had arrangements in place to respond to emergencies and major incidents. All staff had completed training in emergency resuscitation and life support which was updated yearly.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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 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 service had systems for sharing information with staff 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

### 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. Processes were in place for checking medicines and staff kept accurate records of their prescribing. Each prescription pad was subject to audit and the service was able to provide summary information on their prescribing patterns.

### Track record on safety

# Are services safe?

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 service learned and made improvements when things went wrong.
- When there were unexpected or unintended safety incidents:
  - The service acted on and learned from external safety events as well as patient and medicine safety alerts. The manager had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- There were comprehensive risk assessments in relation to clinical and environmental 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.
- There was a system for recording and acting on significant incidents. Staff understood their duty to raise concerns and report incidents and near misses. The registered manager supported them when they did so. Five incidents had been reported in the previous twelve months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. Following a patient taking an overdose of prescribed medicines the service updated its policy to limit future risk by ensuring patients at risk of overdosing are prescribed a maximum of a weeks supply at one time.
- 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 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)

- 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 Attention Deficit Hyperactivity Disorder (ADHD) depression and anxiety.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their social needs as well as their mental and physical wellbeing. Staff completed physical health screening for all patients referred for the contracted ADHD service and regularly monitored their physical health throughout the course of treatment.
- Clinicians had enough information to make or confirm a diagnosis. For the ADHD pathway a validated tool, Conner's Adult ADHD Rating Scales (CAARS) was used to assess patients and as an outcome tool to measure the effectiveness of treatment on reducing the intensity of symptoms.
- We saw no evidence of discrimination when making care and treatment decisions.
- To meet the demands of a large, dispersed rural population and overcome access issues 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. The service made improvements with the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For

example, the on-going audit of completeness and timeliness of casenotes for patients using the ADHD service demonstrated improvement month on month from June to August 2018.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The nurse within the service had been supported to become a registered independent prescriber, the broader team attended national conferences to update their professional knowledge.
- All clinical staff received monthly supervision and non clinical staff bi-monthly.

### 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 referred to, and communicated effectively with, other services when appropriate. As part of a service evaluation 65% of patients had reported having a co morbid mental health condition to that being treated by the Mental Health and Well being services team. The clinical staff worked closely with the access team at the local mental health trust and 'improving access to psychological therapy' (IAPT) services to ensure complex cases were fully supported across their range of needs.
- 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. 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.

# Are services effective?

## (for example, treatment is effective)

- 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 clinical team prepared detailed letters to the patient's GP after each consultation with a summary of their assessment, notification of any treatment and when required instructions to the GP in line with a shared care protocol. Copies of these letters were also sent to patients.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with General Medical Council guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, at the request of the local care commissioning group the service had assessed the needs of a looked after child in liaison with their social care partners.
- 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 people who have been referred to other services
- Where appropriate, staff gave people advice so they could self-care. We heard from two patients how they felt more in control of their lives as a result of learning psychological techniques to effectively manage their anxieties.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Staff told us that they contacted the local mental health crisis team for extra support for a patient whose mental health problems had deteriorated.
- Where patients needs could not be met by the service, 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.
- The service monitored the process for seeking consent appropriately. Completion of a written consent form was part of the monthly case note audit.
- The service tailored their consent forms to the needs of different patient groups. For those patients under 16 years of age Gillick competency was assessed and a valid consent recorded if the young person was competent. If not staff sought parental consent.

### 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.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was wholly positive about the way staff treat people
- 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. Staff had prepared specialised teaching materials to help patients with ADHD develop self management skills.

### **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. British Sign Language interpreters were also available for patients living in Shropshire.
- 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. Clinical staff clearly documented discussions with patients and the information they had shared to allow the patient to make an informed decision. The psychiatrist and prescribing nurse were clear in their recording of discussions around any potential side effects of medications and we saw in two case notes patients contacting the service to revisit decisions about medicines when side effects became apparent. On both occasions the clinician gave advice on immediate options to stop or withdraw from the medicines and had begun an exploration of alternative treatments.

### **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 (GDPR, 2018). The Data Security and Protection Toolkit was being completed for additional assurance around confidentiality of data.
- All confidential information was stored securely on computers or locked in a secure filing cabinet. The remote link to the satellite clinic in Telford was also secured.
- Chaperones could be arranged if requested and patients were reminded of the opportunity on each appointment letter.

# 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 those needs. Patients were offered initial appointments by telephone and were contacted on the day of the referral to acknowledge receipt. Any needs of a patient for a flexible appointments were considered at this early stage.
- 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. There was dedicated car parking available for patients and ground floor access to consulting rooms.

### 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.
- Waiting times, delays and cancellations were minimal and managed appropriately. 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.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Following initial assessment, prescription and titration of medication patients for the ADHD were handed back to the care of their GP under a shared care protocol.

### 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. No complaints had been received by the service since its opening.
- The service's complaints policy set out any further action that may be available to patients 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 and complaints and also from analysis of trends. It acted as a result to improve the quality of care. One patient had raised a concern about the length of time taken up by the first appointment for assessment. They had not expected the session to be so lengthy. The service now sets out the amount of time a patient may expect a session to take in their appointment letters.

# 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 about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes 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 and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. This reflected the collaborative basis of the enterprise and the supportive relationships it encouraged between staff, patients and commissioners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### 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.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff survey results unanimously rated the openness, positivity and support from the manager at the highest level.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Two staff members told us of positive experiences of the manager being responsive to their personal needs through allowing flexible working.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and management.

### 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 partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- The manager had established proper policies, procedures and activities to ensure safety and assured

# Are services well-led?

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

themselves that they were operating as intended. Regular team and governance meetings reviewed activity and discussed any areas of concern resulting in clear action plans addressing any problems.

## Managing risks, issues and performance

There were clear and effective around 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. The manager proactively led on reviewing risks for the service. He had consulted with local safeguarding leads and the CQC following a request to broaden the scope of the service to include children and young people. This ensured that all safeguards were in place before accepting any children and young people into treatment.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- The manager had oversight of safety alerts, incidents, and complaints. This included reference to the central alerting system (CAS) to ensure there was also learning from external incidents.
- 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.
- The provider had plans in place and had trained staff for major incidents. All staff knew how to escalate an incident on site and to contact emergency services as required.

## Appropriate and accurate information

The service 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. Staff had worked together in producing a comprehensive evaluation of the impact of the service in its first year. They had included quantitative data on the positive results of treatment in reducing symptoms of Attention Deficit Hyperactivity Disorder and qualitative data drawn from a sample of patients opinions of an improved quality of life.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. Both NHS Commissioners commented positively on the quality of data received and the additional information that was available from the service.
- 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. .
- Staff were able to describe to us the systems in place to give feedback. The manager had used the National NHS Staff Survey to gather the views of staff. . We saw evidence of regular feedback opportunities for staff in team meetings and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. All staff reported feeling very engaged with the development of the service and felt they were listened to by the manager.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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. All clinical staff participated in professional development and clinical conferences.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.