

# Priory Wellbeing Centre Oxford






## Quality Report

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Date of inspection visit: 9 July 2019  
Date of publication: 03/09/2019

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

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

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

# Summary of findings

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

## Overall summary

We rated the Priory Wellbeing Centre Oxford as good because:

- The service provided safe care outpatient services designed to give patients help and support with mental health difficulties. Clinical premises where patients were seen were safe and clean. Staff managed referrals well to ensure that patients were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff carried out mental health assessments of patients in a timely manner following receipt of referrals.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers where appropriate. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients.
- The team included the full range of specialists required to meet the needs of the patients. Managers ensured

that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

- Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005 and Gillick competency.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients, families and carers in care decisions.
- The service was committed to working with the community to raise awareness of mental health conditions.
- The service was well-led and the governance processes ensured that that procedures relating to the work of the service ran smoothly.

However

- In two cases the patients' risk assessments had not been updated on the patient's clinical records at the frequency set by the provider's policy.

# Summary of findings

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Good 

# Priory Wellbeing Centre Oxford

## Services we looked at

Community-based mental health services for adults of working age

# Summary of this inspection

## Background to Priory Wellbeing Centre Oxford

Priory Wellbeing Centre Oxford is part of Priory Group. It provides therapy and treatment for a wide range of mental health conditions from a location in Oxford city centre. It offers a range of outpatient services designed to give patients help and support with mental health difficulties, including: anxiety, depression, obsessive compulsive disorder, eating disorders, bereavements, and relationship difficulties. The service offers treatment to adults, children and adolescents.

The service has close links to a local Priory hospital and can therefore offer access to more specialist or intensive services if required. This was the first time the service was inspected.

The service is registered to provide the following regulated activity:

- treatment of disease disorder and injury.

The service had a registered manager in post.

## Our inspection team

The team that inspected the service comprised two CQC inspectors.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- visited the location where patients are seen, looked at the quality of the environment and observed how staff were treating patients
- spoke with two patients using the service
- spoke with the registered manager
- spoke with four other staff members; including a doctor, therapists, and administration staff
- looked at seven care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Patients and carers were very complimentary about the service they had received and the attitudes of staff. Patients told us that their mental health had improved as

# Summary of this inspection

a direct result of care and treatment through the service. They told us that they received personalised care and described their individual therapists and consultants as excellent.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The centre had a comfortable and well-equipped room for children and young people to use while waiting on an appointment.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on safeguarding children and adults. They knew how to recognise, and report abuse, and they knew how to apply the safeguarding policy.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- In two of the seven risk records that we reviewed the patients' risk assessments had not been reviewed at the frequency required by the provider's policy.

Good



### Are services effective?

We rated effective as good because:

- Staff completed an initial assessment with all patients following receipt of a referral to the service. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

Good



# Summary of this inspection

- Care was delivered in line with national best practice for the conditions treated at the centre. Therapies available included cognitive behavioural therapy, dialectical behavioural therapy, counselling and eye movement desensitization and reprocessing therapy.
- The team included the full range of specialists required to meet the needs of patients under their care, including children and young people. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood and discharged their roles and responsibilities under the Mental Capacity Act 2005 and Gillick competency.

## Are services caring?

We rated caring as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- The centre's clinical staff had developed easy-read guides to mental health conditions for children and young people.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided.
- Staff informed and involved families, carers and GPs appropriately.

Good



## Are services responsive?

We rated responsive as good because:

- Patients were offered appointments in a timely way following receipt of a referral. The service did not have a waiting list.
- Staff worked flexibly and responded to patients' individual needs. The service was open from 8.30am to 8pm and there was sufficient staff available for patients to be seen quickly.
- Patients accessed the service easily in a way and at a time that suited them.
- The service was committed to working with the community to raise awareness of mental health conditions. Staff within the service held events with partner agencies in the local area to tackle myths and stigma around mental illness.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Good





# Summary of this inspection

## Are services well-led?

We rated well-led as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- The governance processes operated effectively at team level and performance and risks were managed well.
- The service was committed to improving and responded to suggestions from staff and patients.

Good



# Detailed findings from this inspection






## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff were trained and experienced in the use and application of the Mental Capacity Act. At the time of our inspection, all staff had received training in the Mental Capacity Act. Staff we spoke with understood the Mental Capacity Act and Gillick competence. Gillick competence is a principle used to help decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity and consent or refuse to treatment in their own right.

Staff had access to support and advice on the Mental Capacity Act from consultant psychiatrists in the service. Staff had access to the provider's policy on the use of the Mental Capacity Act, including guidance to staff on assessing Gillick competency.

The service provided treatment to people deemed to have capacity to consent at the point of the initial assessment conducted by a consultant psychiatrist or therapist. Staff recorded a patient's capacity to consent within care records. Staff assessed Gillick competency for young people where appropriate and recorded it within their care records.

# Community-based mental health services for adults of working age

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are community-based mental health services for adults of working age safe?

Good 

### Safe and clean environment

- The centre had a comfortable waiting area with a receptionist to greet patients. The patients were seen in one of eight therapy rooms which were accessed via a circular corridor from the waiting area. All the areas we saw were clean and furnishing and fittings were in good condition.
- The service was located on the top floor of a building in the centre of the town. The entrance hallway and stairs to the centre were in need of refreshing and signage to the centre was not prominent. The entrance did not reflect the high standard of accommodation within the service.
- An external contractor had the responsibility of cleaning and maintaining the premises, and staff monitored this through completion of weekly audits and environmental checks.
- The consulting rooms were fitted with alarms for staff to summon assistance if required. Staff tested the alarms regularly to ensure they were in working order.
- There were two convex mirrors in the circular hallway and these ensured that staff had clear vision of this part of the building. Staff completed audits of the fire alarm system and maintenance, fire risk assessments, health and safety risk assessments and ligature risks. Staff acted to resolve any issues arising from audits.

- The service had a policy that set out how staff would respond to major incidents. The service manager had completed a service continuation contingency plan specific to the service location.
- Staff had access to emergency equipment such as a defibrillator and a first aid kit that they stored in the reception area for quick access.
- Staff checked physical health monitoring equipment such as weighing scales and blood pressure monitoring equipment in line with manufacturers' recommendations.
- The service had completed electrical tests on portable appliances and these were up to date.
- Staff adhered to infection control principles. Staff and patients had adequate handwashing facilities. The toilets were well equipped with a range of toiletries for the use of patients.

### Safe staffing

- The service had enough staff with the right skills to provide a safe service. The service had a registered manager who was not based at the service but spent one day per week based there. The service had a dedicated centre manager and therapy staff had access to a therapy service manager who was based at another Priory site.
- The staff team was made up of a combination of substantive and sessional staff. The substantive staff included one therapist, a centre manager and an administrator.
- The sessional staff comprised therapists, psychologists, and consultant psychiatrists. All staff worked flexible shifts within the service dependent on the service's and patients' needs.

# Community-based mental health services for adults of working age

- There was good access to doctors with three visiting consultant psychiatrists with specialisms in adult and child mental health. The principal adult psychiatrist had admitting rights to a local Priory hospital should a patient require a hospital admission.
- Arrangements were in place to ensure patient safety in the event of staff sickness and staff leaving the service. The service reallocated individual patients or arranged support from staff who were identified as able to meet their specific needs.
- The service reported very low levels of sickness and had turnover of one substantive staff member in the last twelve months.
- Staff received mandatory training. Substantive and sessional staff employed by the service accessed statutory and mandatory training provided by Priory. The training available included emergency procedures awareness, data protection and confidentiality, infection control, managing challenging behaviour, Priory Prevent, suicide prevention/self-harm and safeguarding vulnerable adults and children. At the time of our inspection, 90% of staff had completed mandatory training.

## Assessing and managing risk to patients and staff

- It was the Wellbeing Centre policy that all patients received a risk assessment on commencement of their treatment. We reviewed seven records in relation to the care and treatment of patients. In six cases there was a completed risk assessment, and in five cases this had been regularly reviewed and updated in the care records at the sixth treatment interval or after a significant change.
- There was a variation in the quality of the recording of risk assessments between those for young people which were all complete in those we reviewed, and those for some of the adult assessments which were less complete. We pointed this out to the registered manager during the inspection.
- Staff we spoke with had good knowledge of their patients' risks. Case discussions took place within the multidisciplinary team, and the service had an escalation process to effectively manage patients' risks.
- Staff acted when they identified a sudden deterioration in a patient's wellbeing or safety. We saw examples that showed that staff worked with other healthcare

practitioners involved with the patient's care to ensure their wellbeing. Therapy staff told us that they had easy access to medical staff if they wished to discuss patient risks.

- There was a clear protocol, with actions for staff to follow dependent on known patient risks, for how to respond if a patient did not attend an appointment.
- The service had good personal safety protocols and a lone working policy. Staff we spoke with knew the lone working procedure.

## Safeguarding

- Staff knew of their safeguarding responsibilities for children and vulnerable adults. Staff routinely completed safeguarding referrals when they identified a concern. Staff had access to a designated safeguarding lead within a local Priory hospital and a process to review and escalate safeguarding concerns.
- Staff had received training in safeguarding children and vulnerable adults. At the time of our inspection, all permanent staff had completed training in safeguarding children and vulnerable adults.
- Staff we spoke with were informed about the procedures for recognising and reporting abuse. There was information on noticeboards which included a child-friendly leaflet for recognising abuse.

## Staff access to essential information

- Staff used an electronic patient record system. The system enabled staff to access information about the patient quickly and efficiently. Staff uploaded any information completed on paper, such as correspondence with external services, consent forms and assessments, onto the system. The paper records were then shredded.

## Medicines management

- Visiting consultants liaised with the patient's GP for any prescribing recommendations. The patient's GP held the responsibility for conducting baseline health checks and prescribing. In some cases, visiting consultants commenced prescribing for patients, which was then taken over by the patient's GP. The service did not dispense medicines.
- Staff kept copies of prescriptions in patients' records. The service completed audits to ensure that prescribing followed the relevant National Institute for Health and Care Excellence guidance.

# Community-based mental health services for adults of working age

## Track record on safety

- There had been one serious incident involving a patient death in the six months before our inspection. Following this incident, a serious incident investigation was underway led by another Priory service where the patient was also receiving treatment.
- There had been nine other incidents recorded which included safeguarding of children, police involvement when a patient left the centre, a patient presenting at the centre as a safe place to avoid harm, vagrancy and information governance.

## Reporting incidents and learning from when things go wrong

- Incidents were recorded on an electronic tool. All staff knew what incidents to report and how to report them. Staff reported incidents appropriately and in a timely manner, in line with the provider's policy. Staff reported incidents to the service manager who logged them on the electronic incident reporting system.
- Staff told us that incidents and the learning from them were discussed at the service peer support supervision and were shared in an email bulletin by the centre manager.
- The service had a governance procedure that helped managers share learning across the organisation. The centre manager, registered manager and therapies manager attended regular governance meetings. Managers shared lessons learned specific to the Priory Wellbeing Centre at team meetings.

## Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- Staff completed initial assessments with all patients following receipt of referrals to the service. All care records we reviewed contained a patient history and an assessment of current needs.
- Patients' physical health was managed by their individual GPs. Staff routinely liaised with patients' GPs

and wrote to them following consultant appointments or prescribing. Some basic physical health measurements such as monitoring weight were carried out for some patients at the centre.

- Patients' records contained recovery orientated care plans and these were present in all seven records we reviewed. The plans were holistic and clearly recorded patients' views, goals and wishes.
- Staff recorded patients' consent to treatment in their care records. All records we reviewed contained signed consent forms. Following acceptance to the service, patients completed forms documenting their consent to treatment and consent for the service to share information with their general practitioner.

## Best practice in treatment and care

- The centre offered a range of psychological therapies recommended by the National Institute for Health and Care Excellence. Therapies available included cognitive behavioural therapy, dialectical behavioural therapy, counselling and eye movement desensitization and reprocessing therapy. Eye movement desensitization and reprocessing therapy is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma.
- Staff used evidence-based practice and a range of screening tools and outcome measures to assess and monitor the effectiveness of each patient's treatment. Staff used a range of tools such as the Patient Health Questionnaire (PHQ-9), the Generalised Anxiety Disorder scale (GAD-7).
- Staff used a range of outcome measures such as the Health of the Nation Outcome Scales for Children and Adolescents, which is an assessment and outcome measurement tool used routinely to score the behaviour, impairments, symptoms and social functioning of children and young patients with mental health problems.

## Skilled staff to deliver care

- The service had the range of skilled staff required to meet the needs of patients. The staff team comprised consultant psychiatrists, therapists and psychologists. Staff specialised in adult or child and adolescent mental health. Staff were suitably skilled and qualified to carry out their roles.

# Community-based mental health services for adults of working age

- Staff received regular supervision and annual appraisal in line with the provider's policy. All staff had received an appraisal at the time of inspection. The provider required all sessional staff to ensure they had suitable professional supervision arrangements and provide evidence that they were receiving regular supervision support.
- At the time of inspection, the position of medical director for the service was vacant but the provider had appointed a candidate who was due to start in September 2019.
- Staff received a comprehensive induction to the service. Induction covered the Priory's working practices and policies as well as local procedures for the Wellbeing Centre.
- The centre manager identified and addressed any staff performance concerns that included developing plans to improve performance with actions required and time scales.

## Multi-disciplinary and inter-agency team work

- There were effective working relationships between staff within the service. We found evidence of multidisciplinary working in the staff team despite staff working independently of each other at the centre. Staff worked collaboratively to ensure that patients had timely access to therapists whose skills best suited their individual needs. Staff told us that formal joint working and informal support from team members was always available.
- The service had close links with a local Priory hospital. The registered manager, therapy services manager and support services manager for the Wellbeing Centre were based at the hospital. This meant both Priory Wellbeing Centre and the Priory hospital benefited from access to a range of staff who could provide support with queries across sites if required.

## Adherence to the MHA and the MHA Code of Practice

- The Mental Health Act did not apply at this location. The service did not treat patients subject to the Mental Health Act. At the time of our inspection, 100% of staff had received training in the Mental Health Act.

## Good practice in applying the MCA

- At the time of our inspection, all staff had received training in the Mental Capacity Act. The staff we spoke with understood the Mental Capacity Act and Gillick

competence. Gillick competence is a principle used to help decide whether a child (under 16 years of age) can consent to his or her own medical treatment, without the need for parental permission or knowledge. Young people aged 16 and over are presumed to have capacity to consent or refuse to treatment.

- The service provided treatment to people deemed to have the capacity to consent at the point of the initial assessment conducted by a consultant psychiatrist or therapist. We saw that staff were recording patients' capacity to consent in their care records. Staff assessed Gillick competency for young people and recorded the outcome in their care records.

## Are community-based mental health services for adults of working age caring?

Good 

## Kindness, privacy, dignity, respect, compassion and support

- We saw staff treating patients with kindness and respect during our inspection. We spoke with two patients who told us that the service had a positive impact on their mental health which had improved since using the Wellbeing Centre.
- Patients said that they had excellent relationships with their doctor and therapist. They found that all staff were friendly and helpful and this included how they were received and greeted when they arrived and were waiting in the reception area for their appointments.
- Patients told us they received personalised care and described their individual therapists and consultants as excellent.
- The patients we spoke with told us that the environment was welcoming and restful which meant attending their appointment was a more pleasant experience.
- The centre had a comfortable and well-equipped room for children and young people to use while waiting on an appointment.
- Staff supported patients to understand their care and treatment. Staff offered patients information about their

# Community-based mental health services for adults of working age

condition and where they could find further information if required. Staff routinely signposted patients to additional support services within their local area as required.

- The centre's clinical staff had developed easy-read guides to mental health conditions for children and young people.

## Involvement in care

- Staff involved patients in assessment and care planning. Care plans were person-centred and covered each patient's presenting needs. Care plans showed patients' involvement in setting their goals for their treatment. Records showed that staff routinely offered patients a copy of their care plans.
- The service routinely sought feedback from patients and made changes because of feedback. There was a convenient way for patients to leave comments in the reception area and patients completed feedback to the service at the end of their treatment and in the centre's patient survey. We saw that the patient survey feedback was generally very positive about the service they were receiving.
- Patients had access to advocacy services. We saw information leaflets displayed that described the role of advocacy services and gave contact details.
- Staff kept carers and families informed and involved them in the patients care where appropriate. Staff offered appropriate support to parents of children using the service and signposted parents and carers to other support services.

**Are community-based mental health services for adults of working age responsive to people's needs?**  
(for example, to feedback?)

Good 

## Access and discharge

- The response time from referral to first appointment was two days and the target for the commencement of treatment was two weeks. The manager told us that they were meeting these targets as they had increased

the administration hours available at the centre to respond to the growth in demand for the service. The manager reported that referrals had doubled in the last twelve months.

- Patients we spoke with said that the service was very responsive to their needs. They told us their therapist or consultant was accessible when they needed support.
- The service had a clear policy for responding when patients did not attend their appointment. They had developed a risk-based flow chart for administrative staff to follow to make contact with patients and where necessary contact family members or the GP if there were concerns for the individual's safety.
- The service was flexible and responsive to patients' individual needs. The service opened 8:30am-8:00pm Monday to Friday. The service rarely cancelled appointments and practitioners ran clinics on time.
- There was a pathway in place for patients who required an inpatient stay. Following an assessment at the centre a patient who needed an admission could be transferred to the local Priory hospital.

## The facilities promote recovery, comfort, dignity and confidentiality

- The service had range of consulting rooms of different sizes available for the use of patients. One room was equipped with toys and games and could double up as a waiting area for younger patients waiting for an appointment. Two rooms did not have a window and were less used, however they were well-lit and comfortably furnished.
- The facility had a communal waiting area with access to complimentary refreshments, wi-fi facilities and reading material appropriate for the age range of patients who accessed the service. All areas were clean and bright, and furnished to a very high standard.
- Patients commented on the warmth of the welcome in the reception area and that the atmosphere was calm and comfortable.

## Patients' engagement with the wider community

- The service was committed to working with the community to raise awareness of mental health conditions. Staff within the service held events with partner agencies in the local area to tackle myths and

# Community-based mental health services for adults of working age

stigma around mental illness. These events were attended by the local community. Staff gave advice to people and signposted them to different services that could help them.

- The service carried out initiatives with partner agencies that aimed to improve care for patients who accessed mental health services. For example, staff had offered liaison and training to schools and GP practices, and had prepared guides on mental health conditions on a range of topics.

## Meeting the needs of all people who use the service

- The service had a wide range of information leaflets for patients, which included details of local services. We saw the service had created information in age appropriate formats so that younger patients could better understand their conditions.
- Staff had access to interpreting and sign language services if needed and could request leaflets in languages other than English.
- The service was accessible for patients with reduced mobility. The service was on the top floor of the building however patients requiring assistance could access a lift via another entrance to the building.
- The centre had disabled access toilet facilities.

## Listening to and learning from concerns and complaints

- The service had a complaints policy and responded promptly to complainants to acknowledge their concerns, offer an apology and outline the investigation process.
- The service had received one formal complaint in the twelve months prior to the inspection. This was concerning the invoicing for the treatment received by the patient and the complaint was upheld.
- The service had information leaflets for patients that included details of the provider's complaints process.

## Are community-based mental health services for adults of working age well-led?

Good 

### Leadership

- The service had an experienced manager qualified to carry out their role. The manager showed an excellent understanding of the service. All staff reported that the manager was approachable and supportive and understood their roles within the service.
- Staff we spoke with spoke highly of the registered manager and the centre manager and described a positive working relationship. Staff said both managers worked to address issues in service delivery and make improvements such as the recent increase in administrative hours.
- Staff knew who the senior managers were within the organisation and found them approachable. Staff said they had visited the service recently.

### Vision and strategy

- Staff did their work in line with the provider's vision and values. Staff demonstrated how they applied the provider's values in their clinical practice. Patients we spoke with gave us examples of how staff had demonstrated the provider's values in the care they had received.
- Staff had the opportunity to contribute to discussions about service development. Some of the staff we spoke with said they had made suggestions for improvements and changes to the service and felt listened to.

### Culture

- Staff we spoke with were overwhelmingly positive about working at the Priory Wellbeing Centre. All the staff we spoke with told us they enjoyed their work and described good working relationships with other staff. Some staff worked in other Priory services or had worked for the Priory Group for many years.
- Staff felt able to raise concerns with their line managers or the provider without fear of retribution. Staff had access to a whistleblowing policy and procedure.
- Staff had access to an occupational health service.



# Community-based mental health services for adults of working age

## Governance

- The service had robust and effective governance arrangements that helped ensure high standards of clinical care. The service had a systematic approach to monitoring quality and performance. The registered manager had recently made improvements to the agenda of the governance meeting to ensure that referrals, clinical risks and incidents were fully discussed.
- The service had close links with a local Priory hospital and shared a registered manager, a medical director, a therapies manager and a support services manager. The two services shared governance arrangements. The service manager attended regular governance meetings. These meetings allowed the manager to share information, discuss and analyse incidents and complaints, escalate risks and issues, and obtain learning from incidents and complaints.
- The service offered regular peer supervision to clinical staff which staff reported as well used.
- The manager chaired a three monthly multi-disciplinary meeting for all centre staff.
- All staff were completing their mandatory training and had received appraisals. All staff were receiving regular supervision.

## Management of risk, issues and performance

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with unexpected events and business interruption. The service manager maintained the risk register and items matched concerns raised by staff.

## Information management

- The service used secure electronic systems to store patients' records and manage appointments. The system's security safeguards helped maintain the confidentiality of patients' records.
- The service manager received a dashboard for the service that gave information on service performance such as staff training, sickness, and clinical activity.

## Engagement

- Staff and patients had access to up-to-date information about the service and the provider. Staff received information through the provider's intranet and email systems, or verbally from managers, colleagues and at team meetings. Patients received information through the internet, verbally from staff, or in leaflet format.
- Patients and carers had the opportunity to feedback about the service, and staff listened and acted on the feedback. Patients and carers gave feedback in different ways, for example, online surveys, comments cards, or verbally to staff.

## Learning, continuous improvement and innovation

- Staff told us that the centre managers had made improvements to the running of the service and were responsive to suggestions and ideas for improvements from staff and patients.

# Outstanding practice and areas for improvement

## Outstanding practice

The service was committed to working with the community to raise awareness of mental health conditions. Staff within the service held events with partner agencies in the local area to tackle myths and stigma around mental illness.

The centre consultants had produced guidance on treatment resistant depression and prescribing in pregnancy, teenage depression, obsessive compulsive disorder and an easy-read guide for understanding anxiety. These had been used as education tools with patients, parents and as presentations for local GPs.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that all patient risk assessments are updated within the timeframe set by the centre policy.