

# Psychiatric And Psychological Consultant Services Limited







## Quality Report

14 Devonshire Place  
London W1G 6HX  
Tel: 020 7935 0640  
Website: [www.ppcsltd.co.uk](http://www.ppcsltd.co.uk)

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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

<b>Overall rating for this location</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Requires improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

## Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out this announced inspection of Psychiatric And Psychological Consultant Services Limited on 22 and 24 July 2019 as part of our inspection programme.

Psychiatric And Psychological Consultant Services Limited operate a consultant led out-patient service to assess and treat people with mental health needs.

# Summary of findings

CQC previously inspected this service in May 2017. At that time, we did not rate independent doctor services. At the May 2017 inspection, we found breaches of health and social care regulations. We asked the provider to make improvements in relation to the safe management of prescription pads, risk assessment and risk management for patients, incident reporting and the monitoring of staff training and appraisals.

## Our key findings at this inspection were:

- The provider had improved the safety of the service since our previous inspection. Prescription pads were now stored securely, and the provider now monitored staff training and appraisals. The provider had introduced a new critical incident reporting procedure. The provider now effectively monitored staff training and appraisals.
- The process for auditing clinical consultations, prescribing and referrals was not fully effective. There had been no audit of clinical records since July 2017. Discussion of the findings and recommendations of this audit had not taken place until March 2019 and there was no action plan in place at the time of the inspection.
- We spoke with four people who use the service. They were happy with the service. They said that staff treated them with dignity and respect and their treatment and care was effective.
- The premises were clean, safe and suitable for the service provided.

The service's practice manager 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 area where the provider **must** make improvements as they are in breach of regulations is:

- The provider must ensure that there is an effective clinical audit process in place to consider the quality of care provided and prescribing practice in relation to current best practice guidance; make changes where necessary or appropriate to improve the service and review practice to see whether the changes made have resulted in an improvement.

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

- The provider should implement improvements to risk assessment documentation and procedures and review progress in this area.
- The provider should follow national guidance on the comprehensive assessment of the needs of patients with more severe and enduring mental health needs.
- The provider should carry out a risk assessment on whether there should be equipment and medicines for use in an emergency on the premises.

# Summary of findings

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Good 

# Summary of this inspection

## Background to Psychiatric And Psychological Consultant Services Limited

The service is provided by Psychiatric And Psychological Consultant Services Limited. It aims to provide specialised mental health assessment, treatment, psychotherapy and counselling on an out-patient basis. The provider contracts with approximately 30 consultant psychiatrists and 30 clinical psychologists to undertake

clinical work with patients of all ages. At the time of this inspection, the service had no patients under 18 years. The service has a medical director, a practice manager and a team of administrative staff.

Referrals are received from several sources including GPs. Some patients self-refer. Patients are responsible for funding their treatment either directly or through health insurance.

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspector and a specialist adviser who was a consultant psychiatrist.

## Why we carried out this inspection

We carried out this announced inspection of Psychiatric And Psychological Consultant Services Limited on 22 and 24 July 2019 as part of our inspection programme.

## How we carried out this inspection

Before the inspection visit, we reviewed the information that we held about the service and information the provider had sent to us.

During the inspection visit to the service, the inspection team:

- checked the safety, maintenance and cleanliness of the premises
- observed how staff interacted with patients
- spoke with four patients who were using the service
- spoke with the registered manager, the medical director, a consultant psychiatrist and a clinical psychologist
- reviewed nine patient care and treatment records
- checked how prescription pads were stored

- read five staff records
- reviewed information and documents relating to the operation and management of the service.

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

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

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






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Requires improvement	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

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

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

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

Good 

**We rated safe as Good because:**

### Safety systems and processes

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

- The service had procedures and systems to safeguard children and vulnerable adults from abuse. Staff had undertaken relevant training and were aware of their responsibilities and what action to take. For example, they had taken appropriate action when a patient reported domestic violence.
- The service kept a patient risk register which included safeguarding issues. This ensured that staff reported incidents in line with safeguarding multi-agency safeguarding procedures and there was appropriate follow up to keep patients safe.
- The provider carried out staff checks at the time of recruitment. Applicants were interviewed, references and proof of qualifications were obtained. Disclosure and Barring Service (DBS) checks were undertaken. 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.
- The provider ensured that facilities and equipment were clean and safe, and that equipment was maintained according to manufacturers' instructions. The provider

ensured that the limited amount of medical equipment at the service was safe and fit for purpose. For example, the service had a weighing scale which was regularly checked and calibrated. The provider did not have medicines or equipment for use in a medical emergency. The service had not carried out a risk assessment in relation to this.

- The provider and the provider's landlord carried out appropriate environmental risk assessments and acted to follow up any issues to ensure the premises were safe. For example, there were appropriate fire safety measures in place including fire extinguishers and small electrical appliances and electric and gas systems had been tested for safety.

### Risks to patients

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

- At our previous inspection, we found that the provider had not always ensured that staff assessed and clearly recorded risk assessments, risk management plans and crisis plans for those patients who were at risk. At this inspection, we found that the provider had made improvements and in eight of the nine files we looked at there were appropriate risk assessments, risk management plans and crisis plans in place. Additionally, there was now a patient risk register to ensure that there was appropriate follow up of risks. Clinicians were in the process of re-designing risk assessment documentation at the time of the inspection.
- At our previous inspection, we found that staff had not always followed up patients and recorded the actions taken if a patient who was at risk did not attend

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

appointments. At this inspection we did not find any examples of patients who were at risk not attending appointments. Since the previous inspection, the provider had introduced the patient risk register to record follow up actions in such instances.

- Staff responded appropriately to changing risks. Staff told us that support and advice was always available from their peers or the medical director if they had concerns about the safety of a patient. Patient records showed that staff took appropriate action to address any emerging risks in relation to the health and well-being of patients. For example, consultant psychiatrists wrote to GPs to inform them of any physical health issues.
- The provider obtained evidence from consultant psychiatrists that they had appropriate indemnity arrangements.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Staff wrote and managed electronic and hand-written care and treatment records in line with professional standards.
- Care and treatment records were stored safely and securely. Electronic records were backed up each day. Staff could easily find information in the records.

## Safe and appropriate use of medicines

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

- No medicines were stored on the premises. At our previous inspection, we found that the provider did not safely manage prescription stationary. There was a risk that prescription stationary could be stolen or misused. At that time, prescriptions pads were not securely stored and records in relation to the use of prescriptions were not kept. At this inspection, we confirmed that the provider had made improvements. Prescription stationary was now kept securely in a safe and there were clear records on the use of prescriptions.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, prescribers had liaised with the patient's GP to ensure that appropriate blood tests were carried out

when patients were prescribed anti-psychotic medicines. A prescriber had followed current national guidance in relation to safety concerns about a medicine and had kept the patient's GP up to date on the action taken.

- The service had not carried out a recent medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. A limited medicines audit had been carried out as part of an audit of patient files, which looked at records from August 2016 to July 2017.

## Lessons learned and improvements made

### The service learned lessons and made improvements when things went wrong.

- At our previous inspection, the provider did not have systems for recording and acting on significant events. At this inspection, we found that the provider had made improvements and there were now appropriate incident reporting policies and procedures in place.
- Staff we spoke with were aware of the procedure and it had been used to record and then discuss the learning from an adverse incident to improve the quality of the service.

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

(for example, treatment is effective)

Requires improvement 

## We rated effective as Requires improvement because:

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that in most instances clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.**

- In most instances, staff assessed patients' immediate and ongoing needs and delivered treatment care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and



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

Care Excellence (NICE) best practice guidelines. However, for patients with more severe and enduring mental health needs, there were not always holistic assessments which included psychosocial evaluation in place.

## Monitoring care and treatment

### Quality improvement activity in the service was not fully effective.

- A comprehensive clinical patient record audit report had been completed covering patient care and treatment records from August 2016 to July 2017. Discussion of the findings and recommendations of this audit did not take place until March 2019 and there was no action plan in place. The provider had not audited any patient records since July 2017 to review the current situation. Consequently, the provider did not have effective oversight of clinical practice decision making and prescribing practice and lacked assurance that this was in line with national guidance. The provider had not ensured that there was prompt action in relation to audit findings and further auditing to ensure that the quality of the service had improved.

## Effective staffing

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

- At our previous inspection we told the provider that they must ensure that there were appropriate systems in place to monitor staff training and ensure staff have been appraised in the past 12 months. At this inspection, we confirmed the provider had made improvements. Up to date records of skills, qualifications and training were maintained. The provider had ensured that staff were appropriately registered, appraised and revalidated. The provider obtained information from staff on the training they had undertaken whilst working elsewhere. The provider ensured that consultant psychiatrists complied with their annual appraisal time line. The provider wrote a letter seeking assurance of 'no concerns' to the relevant responsible officer when the consultant psychiatrist was employed elsewhere.

- Staff were encouraged and given opportunities to develop. Staff told us that the learning events and peer group discussions in the service improved their knowledge and skills

## 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. Patient records included letters to the patient's GP to explain the treatment offered. A clinical psychologist working in the service told us they could ask their consultant psychiatrist colleagues for advice and refer patients to them if appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. It was the service's policy to obtain the consent of the patient to contact their GP and obtain relevant background information. When appropriate, the service signposted patients to more suitable sources of treatment. For example, some patients were referred to a private in-patient mental health hospital.
- 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. Consent forms were in place on patient files. We saw evidence of letters sent to their registered GP in line with General Medical Council guidance.
- Patient information was shared appropriately with other services, for example when patients were referred to in-patient mental health services.

## 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.

- Risk factors were identified and highlighted to patients. For example, patients told us that consultant psychiatrists discussed the possible side effects of medicines with them.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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

## 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. They were aware of the key principles of the Mental Capacity Act. Patient records included consent forms signed by patients. Patient records included notes of discussions between patients and consultant psychiatrists which showed that patients were given the appropriate information to give informed consent.
- Staff supported patients to make decisions. Patients told us that staff included them in decision making. For example, consultant psychiatrists explained different treatment options to them and supported them to make choices about their care and treatment.

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

Good 

### We rated caring as Good because:

#### Kindness, respect and compassion

- Feedback from the four patients we interviewed was positive about both administrative and clinical staff. They said that staff were welcoming, kind and respectful.
- We observed that staff were polite and friendly when interacting with patients at reception and in the waiting room.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

#### Involvement in decisions about care and treatment

- The service gave patients timely support and information. The service gave patients written information about the costs of the service, how to make and cancel appointments and how to make a complaint.

- Patients had enough time during consultations to make an informed decision about the choice of treatment available to them. For example, patients said that consultant psychiatrists talked with them about the pros and cons of medicines.
- Staff involved patients in care planning and risk assessment. Patients told us that staff asked them about any risks to their safety and talked with them to plan their care and treatment.
- The service asked patients to give feedback on the quality of care. The provider sent out questionnaires to patients. We read five completed questionnaires. Patients gave positive feedback about the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. There had only been one recent complaint, this had been investigated appropriately and discussed at clinical meetings.

## Privacy and Dignity

- Staff recognised the importance of respecting patients' privacy. Interview rooms were adequately soundproofed. The reception desk was situated away from the waiting area. Patients told us that staff were polite and respectful. Staff asked patients for their consent in relation to information sharing.

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

Good 

### We rated responsive as Good because:

#### Responding to and meeting people's needs

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service could offer appointments out of hours and on Saturdays in response to requests from patients for flexible appointment times.

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

- The premises were spacious with sound-proof consultation rooms and therefore 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. For example, wheel chair users were given information about how they could access the service.

## Timely access to the service

- Patients had timely access assessment and treatment. There was no waiting list. The service aimed to respond very quickly to new referrals and could offer appointments within 48 hours of referral and then immediately plan and deliver treatment.
- Patients told us that waiting times, delays and cancellations were minimal and they could usually arrange appointments for when it suited them.
- Referrals and transfers to other services were undertaken in a timely way. For example, consultant psychiatrists could easily refer patients to a nearby private mental health hospital if necessary.

## Listening and learning from concerns and complaints

- The service had a complaints policy and procedures in place. Patients told us they were given information about how to make a complaint or raise concerns. The service had only received one recent complaint.
- Patients told us that waiting times, delays and cancellations were minimal and managed appropriately. They said that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, consultant psychiatrists could easily refer patients to a nearby private mental health hospital if necessary.

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

Good 

**We rated well-led as Good because:**

## Leadership capacity and capability

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

- The current medical director of the service had taken up their post in May 2019 having worked in the service since September 2017. They were aware of the need to continue to improve the quality of record keeping at the service and told us they were working with colleagues to develop improved risk assessment documentation. The medical director was due to take 'responsible officer' training in September 2019 to enable them to appraise consultant psychiatrists working at the service. The service also had a director of psychology.
- Staff told us that the leaders of the service were approachable and that they listened to staff and patient views to develop and improve 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.**

- The service had a clear vision and set of values which emphasised providing a prompt and high quality out-patient mental health service. The service had a realistic strategy and supporting business plan to ensuring there were appropriately qualified staff to rapidly respond to requests for assessment and treatment.
- Staff told us they were aware of and understood the vision and values of the service and their role in achieving them.
- The service monitored progress in terms of waiting times for assessment and treatment.

## Culture

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

- Staff told us they felt respected, supported and valued. They said they were proud to work for the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. Staff told us that there quarterly professional development meetings and other opportunities for peer discussion. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff had received equality and diversity training and told us they felt the service promoted equalities issues.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

- Leaders had oversight of safety alerts, incidents, and complaints. Leaders had acted to improve the service in relation to all the areas for improvement and breaches of health and social care regulation which we identified at our previous inspection.
- There had not been a recent audit of consultations, prescribing and referral decisions. At the time of the inspection, there was no action plan in place in relation to the previous audit of clinical audit which covered the period June 2016 to July 2017.

## Appropriate and accurate information

**The service acted on appropriate and accurate information.**

- The provider collected quality and operational information and used it to ensure and improve performance. Performance information on the response to referrals and information from patient questionnaires was collected.
- The service submitted data or notifications to external organisations as required.
- 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 and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. Patients were sent questionnaires to complete and the provider now offered appointment times more flexibly in response to patient feedback.
- Staff could describe to us the systems in place to give feedback. For example, staff used the clinical operations board to give feedback on changes to record keeping procedures.

## Continuous improvement and innovation

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

- Staff told us there was a focus on continuous learning and improvement at the service. They found peer review meetings and continual professional development meetings helpful in improving their skills and knowledge.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There had been no audit of clinical records since July 2017. That audit had not included prescribing practice. Discussion of the findings and recommendations of this audit had not taken place until March 2019 and there was no action plan in place at the time of the inspection.</p> <p>The audit process did not ensure that leaders of the service had enough assurance in relation to recent clinical practice and whether it complied with best practice guidance. The audit process did not ensure prompt action to make improvements and ensure that further audits took place to ensure that these improvements were put into practice.</p>