

The Blue Tree Clinic

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service has not been rated previously.

We carried out an announced comprehensive inspection at The Blue Tree Clinic. The reason for the inspection as part of our inspection programme. This was the first inspection of the service.

The Blue Tree Clinic provides a range of non-urgent mental health treatments.

The provider is registered with the Care Quality Commission to provide the following regulated activities, treatment of disease, disorder or injury.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medical director and consultant psychiatrist is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke to 5 patients. All the comments were positive, describing caring, kind and professional staff who were instrumental in bringing in positive change. Patients said that they received effective treatment and support in an efficient non-judgemental tailored way. They felt fully involved in their care and said the service was friendly and accommodating and staff always respected the privacy and dignity.

Our key findings were:

- The service provided safe care. The premises where clients were seen were safe and clean. The service had clear systems to keep people safe and safeguarded from abuse. Staff assessed and managed risk well and followed good practice with respect to patient safety.
- Staff developed holistic care and treatment plans informed by a comprehensive assessment in collaboration with patients and carers. Care and treatment were planned and delivered in line with current legislation and best practice guidance produced by the National Institute for Health and Care Excellence (NICE) and suitable to the needs of the patients. The service evaluated and reflected on the quality of care provided to ensure it was delivered to a high standard.
- The service had a range of specialists required to meet the needs of the patients under their care. Leaders ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and relevant services outside the organisation.
- Staff treated patients with compassion and kindness, and understood the individual needs of patients. They actively involved patients and carers in decisions and care planning.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. Staff had alternative pathways for people whose needs it could not meet.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The service was well led, and the governance processes ensured that its procedures ran smoothly. The provider had a clear vision for improving the service and promoting good patient outcomes.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector along with a CQC inspection manager. The lead inspector was able to access advice from a specialist advisor.

Background to The Blue Tree Clinic

The Blue Tree Clinic is an independent doctor to providing a range of mental health interventions to patients experiencing autism, ADHD, addiction anxiety, bipolar affective disorder, eating disorder, post natal depression and post traumatic stress disorder. The services provided by the psychiatrist at the service are covered by regulation. Services provided by other therapists contracted to the service fall outside of the scope of registration.

The Blue Tree Clinic Ltd is regulated by the Care Quality Commission to provide the regulated activity treatment of diseases disorder or injury. The service is a non-urgent service. The service accepts self referrals and referrals from GPs and specialists. The service takes some 'pro bono' patients. The service has both adult and child patients.

The service operates Monday – Friday from 10am to 5pm. Some out of hours appointments could also be accommodated on request.

How we inspected this service

During the inspection visit to the service, the inspection team

- checked the safety, maintenance and cleanliness of the premises
- spoke with 5 patients who were using the service
- spoke with the registered manager
- reviewed 6 patient care and treatment 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.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider and their landlord conducted safety and environmental risk assessments and followed up any issues to ensure the premises were safe. The service 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 training. Policies were accessible to all staff and outlined who to go to for further guidance.
- The service had systems to safeguard children and vulnerable adults from abuse. The service had systems in place to assure that an adult accompanying a child had parental authority. 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. There were clear policies for safeguarding children and adults. The nominated individual was a qualified social worker and safeguarding lead and were able to provide advice to staff. Staff in the service made referrals to local authority safeguarding when this was appropriate.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis. Applicants were interviewed, references and proof of qualifications and identity were obtained. Disclosure and Barring Service (DBS) checks were undertaken as part of the service's pre-employment verification. 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. Employment records contained information to show that staff were suitable and safe to work with adults and young people. All clinical staff had completed an enhanced check with the DBS. The service maintained records to show that clinicians were appropriately qualified. The service checked that clinicians were registered with the appropriate professional body, such as the General Medical Council, Nursing and Midwifery Council or Health and Care Professions Council.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff completed Safeguarding Adult and Safeguarding children training. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The building was cleaned daily by staff and received a deep clean once per week. All areas were visibly clean.
- Regular legionella testing took place and all water outlets were flushed weekly.
- The provider ensured that facilities and equipment were 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. There was a defibrillator onsite for use in medical emergencies. An eye movement desensitisation and reprocessing (EMDR) machine did not need calibration.
- The provider carried out appropriate environmental risk assessments. The service regularly completed cleaning audits and weekly fire alarm checks. Staff completed mandatory training in fire safety.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff. The senior management team reviewed this on an ongoing basis. They were aware of The number of referrals the service received and each clinicians' caseload and capacity. This was constantly monitored to ensure staff were not exceeding their capacity and each patient received adequate time and support. The administration team booked and managed patient appointments for individual clinicians'.

Are services safe?

- All initial referrals were reviewed. The service had clear criteria to identify patients who could and could not be appropriately treated by the service. The clinic aimed to support lower risk patients who were not in crisis at the point of referral. Where the service identified that they were not able to appropriately meet the patients needs, they were signposted to alternative services. Referrals were reviewed daily by the psychiatrist and referred on to the most appropriate clinician within the service.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements 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 maintained 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. Patient records were stored securely using electronic systems.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had shared care arrangements in place with many of the GPs they dealt with.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not store medicines on site.

- The service kept prescription stationery securely and monitored its use. Prescription forms were stored securely.
- The registered manager carried out regular medicines audits to ensure prescribing was in line with best practice guidelines.
- Staff prescribed medicines to patients and gave advice on medicines, in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- Staff completed comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that supported safe practise.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The senior management team supported them when they did so. Staff were aware of the relevant policies and protocols for reporting and investigating and following up on significant incidents and events. Learning from significant incidents and events was discussed in services governance and continuing professional development meetings and supervision.
- There were adequate systems for reviewing and investigating if things went wrong.
- The provider was aware of and complied with the requirements of Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about and reporting notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good 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 clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and national standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Consultant Psychiatrists carried out detailed specialist assessments such as those for ADHD and autistic spectrum disorder (ASD). They used specialist assessment tools, such as the ADHD rating scale and the SNAP-IV, widely-used ratings scales to screen for ADHD.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs mental and physical wellbeing and social circumstances. Patients and carers told us that the care they received was person-centred and holistic.
- Clinicians had enough information to make or confirm a diagnosis. As well as speaking with patients, with their permission, clinicians contacted GPs and other professionals involved in their care. Clinicians carried out holistic assessments over several sessions. Patients fed back that this allowed them to fully reflect on each component of assessment. They also commented that the consultant took time to understand their individual needs before offering a diagnosis and treatment plan.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service was able to offer online appointments and sessions. There were appropriate measures to ensure the system the service used was stable and secure. Staff addressed confidentiality and safe use of online sessions with patients and carers at the start of each session.

Monitoring care and treatment

The service was actively involved in quality improvement activity through the use of clinical audit.

- The service used information about care and treatment to make improvements. The service made improvements through the use of clinical audits. There was clear evidence of action to resolve concerns and improve quality. A service performance monitoring plan and ongoing improvement plan was in place. This was monitored by the nominated individual and registered manager. These plans clear actions and timeframes. Service leads who were responsible for completing the improvements were identified.
- The service had completed audits on a range of different environmental, clinical and administrative areas over the last 12 months. These included fire safety, cleaning audits, patient safety and welfare, patient outcomes, health and safety of staff, numbers of clients seen and treatment outcomes. Audit results were discussed with staff during monthly governance meetings and individual supervision. Actions identified as a result of audit were added to the service's performance monitoring and ongoing improvement plans.

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. The staff team was made up of clinical psychologists, psychiatrists, cognitive behavioral therapists, occupational therapists, nutritionists, psychotherapists and cognitive behavioral hypnotherapists.

Are services effective?

- All clinicians received clinical supervision from the medical director. This was either weekly, fortnightly or monthly, depending on the clinicians needs. During these sessions, staff reflected on their clinical case load and their continuous personal development. All clinicians felt this aspect of support was a standout component for the service. They said they found this of a high quality and immensely helpful and supportive.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation: Staff held up to date professional qualifications and mandatory training.
- 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. Mandatory training included safeguarding, emergency first aid, general data protection regulation, and equality and diversity. Staff kept up with their clinical training through their full-time positions. Staff were encouraged and given opportunities to develop. The service ran courses every few weeks on boundaries, EMDR, safeguarding, learning disability, autism, eating disorder and life support.

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.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Where a patient was assessed as not meeting criteria to appropriately receive services from the clinic, they were signposted elsewhere.
- All patients and carers 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. We did not see any evidence of patients or carers declining to give consent. Staff were aware of the importance of gaining consent to share information with patients' GPs. Staff said if a patient declined to give consent they would discuss why this was important with the patient and if consent could not be obtained they would risk assess the individual case and decline to treat the patient if there were significant gaps in background information or medical history, or any potential risk that could not be mitigated.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP, in line with GMC guidance, which patients and where appropriate, carers were copied into. The service included information sharing consent throughout the patient referral and assessment process. Patient records included signed consent forms.
- 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 staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately. Staff stated that they would always seek consent prior to starting treatment. We saw evidence of this occurring in the patient care and treatment records we sampled.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The service provided educational material about exercise, nutrition, mindfulness and meditation. They also ran groups and courses for carers of patients and patients to support with specific mental health conditions.

Are services effective?

For example, after the inspection the provider shared with us information about their borderline personality disorder one day course. This information highlighted the positives and reducing the stigma associated with borderline personality disorder for example highlighting that people with BPD are thought to be so creative because they are able to draw on their deeper well of emotions and experiences. They used highly trained staff, and high-quality psychoeducational material for patients and patients' carers.

- 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. Patients and carers said 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. Staff stated that they would work with patients whilst developing their treatment plan. During this process they would explain to patients the benefits and potential risks to any treatment offered.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients could provide feedback on the service through a QR code, google reviews, the clinic website and emails. After the inspection the provider shared examples of positive online feedback from patients.'
- Feedback from patients was positive about the way staff treat people: They said that they were treated as individuals and were empowered as partners in their care. All patients described the service as excellent, both in quality of care and treatment from clinicians and in the customer service and appointment management from administrative staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff stated that they would check in with patients between appointments to see how they were.
- The service gave patients timely support and information. Patients said that they received support when they needed it and the information provided by the service was exceptional.

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. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us 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.
- For patients with more complex needs family and carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. Documents were available in a range of font sizes.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff met privately with patients in comfortable rooms that promoted their privacy and dignity.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service could offer appointments out of hours in response to requests from patients and carers for flexible appointment times. The provider also had staff trained in sign language and staff who were multi-lingual.
- The service had a clear scope of practice and only accepted referrals for patients whose needs it could meet safely.
- The facilities and premises were appropriate for the services delivered. The staff we spoke to stated that they would ensure that the environment was suitable for the patients to enhance the service provided.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, wheelchair users were given information about how they could access the service. At the point of referral to the service patients were asked to detail any specific requirements they may have so that any adjustments could be made by staff on site.
- The service offered free appointment for individuals in need within their community. Over the Covid-19 pandemic the service also provided free appointments to NHS and health and social care staff. During the Covid-19 pandemic the service also offered to support the local NHS mental health trust with free appointments for NHS patients.

Timely access to the service

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

- The service was easy to access. Patients had timely access to initial assessments, test results, diagnosis and treatment. The service aimed to respond quickly to new referrals and offered initial assessments within 2 weeks of referral.
- Where diagnostic reports were provided, these were accompanied with additional signposting including website and book recommendations.
- Post assessment, treatment plans were developed with the patient.
- Patients and carers told us that waiting times, delays and cancellations were minimal and managed appropriately. Patients and carers reported that appointment booking was easy. Patients could usually arrange appointments for when it suited them.
- Referrals and transfers to other services were undertaken in a timely way. For example, if patients were referred to a different staff member for specialist care such as autism assessment or EMDR, this occurred within a week.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Patients and carers told us they were given information about how to make a complaint or raise concerns. Patients and carers said they felt comfortable and confident in raising concerns and complaints directly with the practice manager if they needed to.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place to investigate all complaints. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The senior management team worked closely together to ensure patients received high quality, responsive and efficient service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us that the leaders 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.

- There was a clear vision and set of values which emphasised providing high quality service to patients that was responsive, holistic and person-centred according to patients' needs. The senior management team met weekly to ensure results and progress. The service had a realistic strategy and supporting business plan to ensuring they were appropriately qualified staff to respond to the requests for assessment and treatment.
- Staff were aware of and understood the vision of the service and their role achieving this. Staff at the service were involved with service development and clinical governance.
- The service monitored progress against delivery of the strategy. Staff demonstrated enthusiasm and passion to improve the service and to provide the best service possible.
- The provider offered pro-bono appointments for those in need within the community.

Culture

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

- Staff felt respected, supported and valued. All staff said they were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- 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 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 received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where required. All staff felt they were considered valued members of the team.
- Staff reported a strong emphasis on the safety and wellbeing of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

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. Governance meetings had a set agenda covering areas such as clinical effectiveness, research and development, serious incidents complaints and audit results. Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Leaders ensured processes were in place to make improvements in identified areas. The governance systems identified where improvements were required.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified development areas.
- 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

Managing risks, issues and performance

There were clear and effective clarity 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. Leaders had oversight of safety alerts, incidents, and complaints. Leaders had acted to improve the service in relation to the areas for improvement. The risk register for the service was kept up-to-date and reviewed at governance meetings. The service had a business continuity plan in place in case of unexpected issues within the service.
- 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.

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 was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. The service had various pre-prepared information that, where relevant, was sent to patients and carers during their treatment. Patients and carers said this was helpful and aided them to understand their condition or their child's condition.
- Patients could feedback on their experience of the service by completing an online survey or an electronic feedback form. We viewed the collated results which were positive.

Continuous improvement and innovation

There were 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 opportunities for professional development and team meetings helpful in improving their skills and knowledge.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.