

NW Counselling Hub

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 is rated as Good overall

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an unannounced comprehensive inspection at NW Counselling Hub as part of our ongoing comprehensive mental health inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in August 2019 to provide treatment of disease, disorder or injury by the prescribing of medication and has never been inspected.

Dr S Jajawi 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.

Our key findings were:

The provider conducted safety risk assessments and had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.

Patients received coordinated and person-centred care. consultant psychiatrists referred to, and communicated effectively with, other services when appropriate, for example memory assessment services.

The service sought feedback on the quality of clinical care patients received. Feedback from patients was positive about the way consultant psychiatrists and administrator treated people.

The provider understood the needs of their patients and improved services in response to those needs. They offered to switch off the camera facility if this caused anxiety whilst undertaking virtual appointments. The facilities and premises were appropriate for the services delivered.

The provider had a clear vision and set of values for the service which included a realistic strategy and supporting business plans to achieve priorities. The registered manager had developed and monitored progress against delivery of the vision, values and strategy and their role in achieving them.

We saw the following outstanding practice:

Overall summary

All the letters sent to patients contained information on a variety of organisations that provide out of hours support, for example The Samaritans, Sane Line, Single Point of Access and Emergency services.

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC inspection manager. The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to NW Counselling Hub

NW Counselling Hub aim to provide high quality, effective, treatment in safe surroundings and to make the patient`s visit comfortable and productive as possible. They provide psychiatric assessments to patients with a wide variety of mental health needs including anxiety, depression, personality disorders, stress, addictions and eating disorders. Patients are referred through their GP or self-refer.

NW Counselling employ two consultant psychiatrists, for routine care, that carry out regular examinations and assessments to establish the needs and wishes of individual patients. Treatment options are explained, and choices respected.

If someone has a mental health emergency, and is a registered patient, the service will endeavour to speak to them and give advice on the day of contact and to see them within an appropriate period following contact. Other emergency care is by arrangement and availability.

Patients are regularly consulted through informal chats and Patient Satisfaction Surveys. Patient`s Rights and Diversities are always honoured and respected.

Appointments are established according to the needs and of the individual.

How we inspected this 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 manager conducted safety risk assessments and had appropriate safety policies, which were regularly reviewed. They outlined clearly 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 and took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

The consultant psychiatrists received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff were available on site to act as chaperones where necessary.

There was an effective system and policy to manage infection prevention and control which included adhering to COVID 19 government guidance.

The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

The consultant psychiatrists understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

There were indemnity arrangements in place and appropriate certificates were in date.

Information to deliver safe care and treatment

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

Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment, for example referral to Autistic Spectrum Disorder and memory services.

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 cease trading.

Are services safe?

Clinicians made appropriate and timely referrals, for example to memory services in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

NW Counselling Hub delivers a prescription only service there are no medicines, including vaccines, controlled drugs, emergency medicines on site. The service kept prescription stationery securely and monitored their use.

The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Prescribers had private prescriber identification numbers via the NHS England Controlled Drug Accountable Officers team, to enable them to prescribe controlled drugs.

Track record on safety and incidents

The service had a good safety record.

There were comprehensive risk assessments in relation to patient safety issues.

The consultant psychiatrists staff knew what incidents to report and how to report them, however they had not had any incidents to report.

The service monitored and reviewed activity, such as an increase in referrals. This helped to understand risks and gave a clear, accurate and current picture that led to an increase in both clinical and administrator hours.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

There was a system for recording and acting on significant events. The registered manager understood their duty to raise concerns and report incidents and near misses.

There were adequate policies for reviewing and investigating when things went wrong. The service had not had any significant events and therefore had not had any investigations to review.

The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had a policy and systems in place for knowing about notifiable safety incidents

The registered manager was aware of external safety events as well as patient and medicine safety alerts.

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 (relevant to their service)

The consultant psychiatrists assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. When patients are seen remotely, the service ensured that physical health observations were undertaken in primary care settings prior to prescribing first line medication for Attention Deficit Hyperactivity Disorder. In addition, they followed NICE guidance when prescribing medication, using first line medications as per guidance.

The service offered psychoeducation to parents of children receiving treatment.

The service undertakes Special Needs Assessment Profile (SNAP) with the schools and parents to aid Attention Deficit Hyperactivity Disorder diagnosis and uses a Tourette's checklist.

Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

Clinicians had enough information to make or confirm a diagnosis. Every care plan clearly identified the patient's diagnosis.

We saw no evidence of discrimination when making care and treatment decisions.

The service did not have repeat patients, if they refuse to be seen within six months of the first appointment they are discharged back to primary care.

Monitoring care and treatment

The service was actively involved in quality improvement activity

The service encouraged regular feedback from patients and their carer's and used this information to make improvements. We looked at 24 feedback forms, all of which were overwhelmingly positive. Leaflets promoting feedback are in the reception area and patients are asked for feedback at the end of their appointment. A coffee machine for patient and carer use was provided following feedback.

The service completed audits to identify areas for improvements. Clinical audit process had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the service had undertaken an audit of timeliness of letters being completed and sent to the patients' GP. This resulted in an increase of administrator hours to improve timeliness.

Effective staffing

Are services effective?

The registered manager had the skills, knowledge and experience to carry out their roles.

The consultant psychiatrists were registered with the General Medical Council and were up to date with revalidation.

Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

Patients received coordinated and person-centred care. Consultant psychiatrists referred to, and communicated effectively with, other services when appropriate, for example memory assessment services.

Before providing treatment, the consultant psychiatrists ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

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, this was recorded in the clinical notes.

The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP

Care and treatment for patients in vulnerable circumstances was coordinated with other services, for example substance misuse services and the local authority.

Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

All the letters sent to patients contained information on a variety of organisations that provide out of hours support, for example The Samaritans, Sane Line, Single Point of Access and Emergency services.

Supporting patients to live healthier lives

The registered manager was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

Where appropriate, the consultant psychiatrists gave patients advice so they could manage their condition.

Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, for example substance misuse services.

Where patients need could not be met by the service, the consultant psychiatrists directed or referred them to the appropriate service.

Consent to care and treatment

Are services effective?

The registered manager obtained consent to care and treatment in line with legislation and guidance.

The registered consultant psychiatrists understood the requirements of legislation and guidance when considering consent and decision making.

The consultant psychiatrists supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately via clinical notes audits.

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

Feedback from patients was positive about the way the consultant psychiatrists and administrator treated people

Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

The service gave patients timely support and information.

Involvement in decisions about care and treatment

The registered manager supported patients to be involved in decisions about care and treatment.

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Patients told us through telephone interviews, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. They told us that the service they had received was fantastic and it had turned their life around. One patient told us that there was always a choice of appointment times to fit in with their work and that medication was tailored to their needs.

For patients with complex social needs family, carers or social workers were appropriately involved. The service liaised with social worker and practitioners in NHS Child and Adolescent services to obtain more information about the patient.

Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

Staff recognised the importance of people's dignity and respect.

Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

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. When undertaking a virtual appointment with a patient the use of the camera caused increased anxiety therefore the camera was not used until the patient comfortable to do this.

The facilities and premises were clean and 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 patients being supported by their social or support worker.

Timely access to the service

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

Patients had timely access to initial assessment, diagnosis and treatment.

The service did not have a waiting list. Patients are offered a choice of whether they want to be seen in clinic or virtually.

Patients with the most urgent needs had their care and treatment prioritised.

Patients reported, via feedback forms that the appointment system was easy to use

Referrals and transfers to other services were undertaken in a timely way, via email, telephone and letter.

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. The service had not received any complaints in the period leading up to this inspection.

The service had a complaints policy and procedures in place.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

The consultant psychiatrists were knowledgeable about issues and priorities relating to the quality and future of services.

The registered manager was visible and approachable.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

The registered manager had developed and monitored progress against delivery of the vision, values and strategy and their role in achieving them.

Culture

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

Staff were proud to work for the service.

The service focused on the needs of patients.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

There was a strong emphasis on the safety and well-being of the team.

The service actively promoted equality and diversity.

There were positive relationships between the service and stakeholders.

Governance arrangements

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

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

The consultant psychiatrists were clear on their roles and accountabilities.

The registered manager had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

The service had processes to manage current and future performance. The registered manager had oversight of safety alerts, incidents, and complaints.

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.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

The registered manager was aware of their responsibility of submitting data or notifications to external organisations as required.

There were robust arrangements and policies in place to ensure data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

The registered manager encouraged and heard views and concerns from the public, patients, and external partners and were aware of their importance to shape services and culture.

The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

There was a focus on continuous learning and improvement, the manager had won psychiatrist of the year - Central England and was actively involves in training to medical and paramedical students.

The registered manager was aware of internal and external reviews of incidents and complaints and how to implement positive change.

The consultant psychiatrists demonstrated their commitment to continued professional development.