

Orchard House

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?

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 announced comprehensive inspection at Orchard House on 3 and 4 July 2019 as part of our inspection programme and to follow up on breaches of regulations from a previous inspection. The inspection in July 2019 was carried out using our independent doctor methodology and was the first time Orchard House had been rated. Prior to this, the service had been inspected using our community mental health methodology.

The service provides private psychiatry and psychological treatments for people experiencing mental health problems and who require specialist treatments. The service now only treats people over the age of 18 years.

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. Orchard House also support medico-legal work for people who require assessments for mental capacity, occupational health assessments and expert witness services, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Adrian Winbow 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 Care Quality Commission previously inspected the service on 12 November 2018. We identified regulations that were not being met and issued the provider with a warning notice for Regulation 12, Safe care and treatment. We told the provider they must:

- Ensure they have completed an environmental risk assessment to ensure the safety of their premises for patients, staff and those living at Orchard House.
- Ensure they use a recognised risk assessment tool to fully assess, monitor and mitigate patient risk consistently.
- Ensure clinical documentation is kept updated to reflect patients' risks and action taken.
- Ensure risk management and crisis plans are specific to people's individual needs or presenting risks.
- Ensure they have systems, policy and processes in place for reporting, investigating, sharing and learning from incidents.
- Ensure they have systems and process in place to ensure they can deliver, monitor, review improve care and treatment.
- Ensure they have a system in place to monitor and limit prescribing of medicines that have the potential to be misused.
- Ensure all staff providing care or treatment to patients including children and young adults are competent, skilled and experienced to do so safely. This includes identifying any required mandatory training for staff to complete and discuss with them their learning needs.
- Ensure they coordinate care and communicate with the community mental health teams where required.

We checked these areas as part of this comprehensive inspection and found the service had improved and these issues had all been resolved.

Our key findings were:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The service had enough staff who knew the patients and received basic training to keep patients safe from avoidable harm. Staff assessed and managed risk well and followed good practice with respect to safeguarding. Staff followed good personal safety protocols. The service had systems to ensure medicines were safely prescribed and recorded. The doctors regularly reviewed the effects of medicines on patients' health.

Overall summary

- The service had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Incidents were investigated and lessons learnt and shared with all the staff.
- Staff developed recovery-oriented treatment plans informed by a comprehensive assessment and in collaboration with the patients. Staff listened to patients' views and wishes and adjusted treatment to suit their personal experiences and needs. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff received training, supervision and appraisal to support their skills and ongoing development. All staff worked well together as a team and with relevant services outside the organisation, where relevant, to provide holistic, safe care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively and appropriately involved patients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude patients who would have benefitted from care.
- Our findings from the other key questions demonstrated that the service had made improvements since our last inspection in November 2018. Both doctors had the skills, knowledge and experience to perform their roles. Governance processes operated effectively, and performance and risk were managed well by all staff.

Dr Kevin Cleary

Deputy Chief Inspector of Hospitals (Hospitals - Mental Health)

Our inspection team

Our inspection team was led by a CQC inspector. The team included a CQC inspection manager and a CQC assistant inspector.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Orchard House

Orchard House is a stand-alone service for private, fee-paying patients run by Private Psychiatry Limited Liability Partnership.

The service is run by Dr Adrian Winbow who has over 30 years' experience as a general adult consultant psychiatrist within the NHS and private sectors. He specialises in treatment for a range of disorders including anxiety and phobias, alcohol misuse and addictions, eating disorders and psychotic and personality disorders. The service is now provided for adults only. Prior to the inspection, the service also included care and treatment for young people over the age of 16 years old. Following the inspection, Dr Winbow took the decision to stop treating anyone under the age of 18 years old. The overall objective of the service is to offer psychiatric and psychological treatments to people with mental health conditions in Kent, London and Surrey. Therapies are delivered on a one-to-one basis.

Working in partnership with Dr Winbow, is Professor Anthony Hale. Professor Hale is a general adult and forensic consultant psychiatrist with over 30 years' experience working in the NHS, including as medical director for two trusts. Professor Hale is also a lecturer at one of the local universities.

The staff team is supported by three medical secretaries, a practice manager and a marketing manager.

The consultant psychiatrist carries out an initial assessment of all patients and a treatment plan is developed in consultation with the patient. All treatments provided by the service are evidence-based and include medication and psycho-social interventions such as mindfulness and cognitive behavioural therapy.

The service also takes on medico legal work for people who require assessments for mental capacity and occupational health assessments as well as expert witness services. However, these services were exempt from registration by CQC. Therefore, we did not inspect or report on these particular services.

The service address is:

Orchard House, High Street, Leigh, Tonbridge, Kent, TN11 8RH.

The opening hours for the service are mostly Monday to Friday 9am to 5pm with some additional clinics held as needed, for example, on Saturdays. The service offers appointments at several locations in Kent, London and Surrey and clinic times vary. During the inspection, we visited Orchard House and Lombard House, both in Kent. The consultant lead for the service told us they also offered evening and weekend appointments to suit the needs of the patients.

How we inspected this service

Prior to the inspection, we gathered and reviewed information submitted by the provider including notifications submitted to the Care Quality Commission and data included as part of the Provider Information Request (PIR). The Care Quality Commission sends PIRs to all providers when a comprehensive inspection is due to take place.

During our inspection visit we:

- reviewed eight patients' care records
- looked at the environment at Orchard House and visited one of the other clinic locations, Lombard House
- spoke with four staff including the two consultants and two administrators
- reviewed staff training records, governance documents, such as clinical governance meeting minutes, safeguarding information and serious incident logs and clinical audits
- looked at policies, procedures and other documents relating to the running 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.

- Since our last inspection, the service now conducted safety risk assessments. The service had appropriate safety policies, which were regularly reviewed and communicated to all staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- During the inspection, the service was still treating young people aged 16 and 17 years. They had systems in place to assure that an adult accompanying a young person had parental authority. Following the inspection, the service took the decision to treat adults over 18 years only.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 was unable to show us evidence that all staff had completed the relevant safeguarding training at the relevant level. However, following the inspection the service took immediate action to address this issue and was able to evidence that all staff were trained to the required level in both safeguarding adults and children. During the inspection, staff demonstrated they knew how to identify and report concerns. Staff who may be needed to act as chaperones had received a DBS check and the service had a policy to guide staff. Staff had received all other relevant safety training appropriate to their role.
- There was an effective system to manage infection prevention and control.

- The service now ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions.
- Since our last inspection, the provider now carried out appropriate environmental risk assessments, which took into account 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.

- There were arrangements for planning and monitoring the number and mix of staff needed. The service monitored the number of patients both the doctors could safely care for.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, they knew how to identify and support patients who were experiencing problems with their mental health and how to manage physical health emergencies.
- Since the last inspection, the service now assessed and monitored the impact on safety when there were changes to services or staff.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Since the last inspection, individual care records were now written and managed in a way that kept patients safe. The care records we saw now showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

Are services safe?

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

- Since the last inspection, the service had improved their systems and arrangements for managing the prescribing of medicines, including controlled drugs, which minimised risks. For example, ensuring patients were not being prescribed the same medicine by the service and by their own GP. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The doctors prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking prescribing of medicines and staff kept accurate records of this. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- The provider had not needed to report any serious incidents or near misses in the last six months prior to the inspection. However, they were aware of their responsibilities to investigate and report incidents.
- The service had improved how they monitored and reviewed activity. This helped staff to understand risks and gave a clear, accurate and current picture that could lead to safety improvements.

- Since the last inspection, there were now comprehensive risk assessments in relation to safety issues.

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. Staff understood their duty to raise concerns and supported each other to raise and report incidents and near misses.
- Since the last inspection, there were now adequate systems for reviewing and investigating when things went wrong. The service learned and identified themes and took action to improve safety in the service. For example, ensuring patients were not prescribed the same medicines by the service and their own GP.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about 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 (relevant to their service)

- Since the last inspection, patients' immediate and ongoing needs were now 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat prescriptions. For example, since the last inspection, the service now ensured that patients who were prescribed medicines did not just have telephone consultation appointments with the doctor, but they were also informed of needing to attend for face-to-face appointments.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Since the last inspection, the service now used information about care and treatment to make improvements. For example, they had undertaken a full review on how they identified individual patient and environmental risks and implemented the use of a new risk assessment tool. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, clinical audits about the use of medicines and non-clinical audits regarding safeguarding were carried out. Staff highlighted on patient files to immediately show when someone was at risk of an identified safeguarding concern or if they were currently prescribed medicines that could be liable to misuse.

Effective staffing

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

- All staff were appropriately qualified. Staff at the service had worked there for many years and told us they were well supported when they started working at the service.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with their revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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. For example, we saw referrals to patients' GPs for blood tests and referrals to psychology services. Information provided by the doctors gave a reason for the referral.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- Since the last inspection, the service had now risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Since the last inspection, care and treatment for patients in vulnerable circumstances was now

Are services effective?

coordinated with other services. We saw appropriate referrals made by the service to the local authority safeguarding team to protect people from potential abuse.

- 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.

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, the doctors 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. For example, all patients were informed of the contact details for their

community mental health team, should they experience a decline in their mental health. We saw Dr Winbow had supported a patient to access treatment for their mental health in an inpatient service. Information was shared with the new care provider.

- Where patients' needs could not be met by the service, the doctors redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Since the last inspection, the service now monitored the process for seeking consent appropriately and ensuring patients were asked at each appointment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service collected feedback from patients via surveys. Patients were positive about the way staff 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

Staff helped patients to be involved in decisions about care and treatment.

- Staff told us interpretation services were available for patients who did not have English as a first language

and this would be identified when a patient first referred into the service. Staff also told us that information leaflets could be made available in easy read formats, to help patients be involved in decisions about their care.

- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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. For example, Dr Winbow would often extend his clinic opening times to include evenings and weekend to support people in attending appointments. Face-to-face and telephone consultations were available.
- Since the last inspection, the facilities and premises were appropriate for the services delivered. Orchard House is a private residential home. The service assessed the environment and carried out improvement work to make sure it was safe for both patients and staff. For example, staff now used personal alarms, closed circuit television had been installed and doors where patients did not need access were kept locked.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, people who used mobility aids and had difficulty with steps, could access Orchard House via the back of the property and a ramp was available.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. For example, requests to GPs to carry out physical health checks and blood tests were sent within a couple of days of the patient seeing the doctor. The service monitored referrals they made to ensure test results were received back.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond 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.
- 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.

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.

- Both doctors were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Both doctors were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were very positive relationships between all staff.

Governance arrangements

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

- Since the last inspection, the service had reviewed and improved structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Since the last inspection, the service had improved and implemented 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.

- Since the last inspection, there was now an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Since the last inspection, the service had reviewed and improved processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The service 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.

Are services well-led?

- The provider had plans in place to respond to major incidents and had discussed them with staff.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Since the last inspection, the service now 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, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, the service carried out annual patient surveys and reviewed and investigated all complaints.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how it was communicated to the rest of the team.
- The service was transparent, collaborative and open with interested parties about their performance.

Continuous improvement and innovation

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

- Since the last inspection, there was now a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- All staff took responsibility for reviewing objectives, processes and performance.
- There were now systems to support improvement and innovation work. For example, during the clinical governance meetings which were held regularly.