The London Psychiatry Centre

Quality Report

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

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

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

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

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

Overall summary

We do not currently rate independent standalone doctor services.

We found the following areas of good practice:

- Patients received a range of treatments which were not available in other settings, including repetitive transcranial magnetic stimulation and external trigeminal nerve stimulation for anxiety and depression, and eye movement desensitisation and reprocessing for trauma. Patients spoke highly of the impact of these treatments following unsuccessful previous treatments with medicines.
- Patients physical health was monitored, including screening for heart disease due to known links between cardiac disease and depression.
- Staff carried out audits of the efficacy of their treatments, and these were subject to external scrutiny contributing to innovation in mental health treatments within the UK. There were regular clinical governance meetings to discuss management andclinical issues and update staff. Clinicians attended peer review supervision sessions and all staff were appraised each year.

Summary of findings

- The centre was clean and well maintained, and infection control audits were undertaken. There was an incident and accident reporting system in place, and a lone working policy for staff.
- Staff had a good understanding of the individual needs of patients and we saw that they made a great effort to reflect their needs and wishes in how they delivered care. The service carried out a survey of patients' experiences, with overwhelmingly positive feedback. There was a clear system in place for patients to make a complaint, and these were investigated appropriately.
- The centre had no waiting lists for patients, and was open throughout the year, including bank holidays, and Saturdays and some evenings for appointments. Staff spoke a wide range of languages, which patients might speak as a first language.

However, we found the following issues that the service provider needs to improve:

- There were some gaps in safety systems at the centre. Not all staff had up to date mandatory first aid and safeguarding training, and we found insufficiently safe systems for recruitment of staff. First aid provisions were not monitored to ensure that they were complete and within expiry dates, and there was no blood spillage kit available at the time of the inspection. Emergency medicines were not stored safely. The provider took action to address these issues immediately after the inspection visit.
- Although clinicians were assessing risks, these were not documented in explicit risk assessment or crisis plans when relevant, to ensure patients' safety. Patients' treatment records were difficult to navigate, which might mean that important information could be missed. There were no audits of the quality of patient records.
- Psychotherapists did not have up to date training relating to the Mental Capacity Act (2005). Nurses received supervision through their employing agency. However, they did not receive formal management or clinical supervision at the centre.

Summary of findings

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Summary of this inspection

Background to The London Psychiatry Centre

The London Psychiatry Centre provides a multidisciplinary outpatient assessment and treatment service to adults and children with a range of mental health conditions. The staff include psychiatrists, clinical psychologists, psychotherapists and a child and adolescent team. The centre has one consulting room on the ground floor and three in the basement, plus a treatment room for repetitive Transcranial Magnetic Stimulation (rTMS). This is a form of brain stimulation therapy used to treat depression and anxiety, using a magnet to target and stimulate certain areas of the brain.

At the time of the inspection the service had an overall caseload of approximately 1500 patients. The service has a registered manager in place, and has been registered with the Care Quality Commission (CQC) since 2012.

We last inspected the service in 2013 and they were found to have met the essential standards. At the current inspection we inspected the service against the new regulations called fundamental standards.

The service is registered by the CQC to provide treatment of disease, disorder or injury, and, diagnostic and screening procedures.

Our inspection team

The team that inspected community-based mental health services for adults of working age consisted of two CQC inspectors, an inspection manager, and a specialist advisor who was a consultant psychiatrist with a professional background in substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:-

- visited the service, and looked at the quality of the environment;
- spoke with four patients who were using the service;
- spoke with the registered manager and an administrator for the service;

Summary of this inspection

- spoke with three consultants (one by telephone) including the medical lead;
- spoke with one mental health nurse working at the service;
- collected feedback from 17 patients using comment cards;
- looked at 24 care and treatment records of patients receiving a range of treatments at the service;
- carried out a check of the medicines management;
- looked at eight staff files; and
- looked at a range of policies, procedures and other documents relating to the running of the service

This was an announced inspection and the inspection team visited the service between 13 and 14 June 2017.

What people who use the service say

We met with four patients and received completed feedback comment cards from 17 patients who used the service.

Feedback was overwhelmingly positive, with patients telling us that staff were kind, approachable and responsive.

Patients told us the environment was clean and safe, and their privacy and dignity were protected. They described professional, efficient, and attentive service from all staff, caring and knowledgeable professionals, and prompt and precise diagnosis and treatment.

Patients said staff listened to their needs, and they received bespoke treatment tailored to their needs. Some patients told us that treatments had made a significant impact, changing their lives for the better.

One patient told us that staff had not explained at the outset what the full cost of treatment would be, causing stress with financial arrangements.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following issues that the service provider needs to improve:

- One clinician did not have a current criminal records disclosure and barring check, to ensure their suitability to work with patients.
- There were some gaps in mandatory staff training including first aid and safeguarding training.
- Although clinicians were assessing risks, these were not documented in explicit risk assessment or crisis plans when relevant, to ensure patients' safety.
- Emergency medicines were not stored safely. First aid provisions were in place, however these were not monitored to ensure that they were complete and within expiry dates. There was no blood spillage kit available within the centre at the time of the inspection.
- Naloxone was not available for patients at risk of an opiate overdose.

However, we found the following areas of good practice:

- The service employed a wide range of specialist clinicians to ensure that patients would receive the necessary treatment and support.
- The centre was clean and well maintained, and infection control audits were undertaken.
- The service had a clear incident and accident reporting system in place, and a lone working policy.

Are services effective?

We found the following areas of good practice:

- Patients received a range of treatments which were not available in other settings, including repetitive transcranial magnetic stimulation, and external trigeminal nerve stimulation. Patients spoke highly of the impact of these treatments following unsuccessful previous treatments with medicines.
- Clinicians attended peer review supervision sessions and all staff were appraised each year.
- There were regular clinical governance meetings to discuss management and clinical issues and update staff.

Summary of this inspection

- Patients physical health was monitored, including screening for heart disease due to known links between cardiac disease and depression.
- Staff carried out audits of the efficacy of their treatments, and published these in medical journals.

However, we found the following issues that the service provider needs to improve:

- Patients' treatment records were difficult to navigate, for example locating a medical history, current treatment plans and physical health checks without delay.
- Psychotherapists did not have up to date training relating to the Mental Capacity Act (2005).
- Nurses received supervision through their employing agency. However, they did not receive management or clinical supervision at the centre.

Are services caring?

We found the following areas of good practice:

- Feedback from patients was very positive about the service, with some patients describing life changing treatments, following years of unsuccessful treatments elsewhere.
- We observed patients being addressed in a kind and thoughtful way which was respectful.
- Staff had a good understanding of the individual needs of patients and we saw that they made a great effort to reflect their needs and wishes in how they delivered care.
- The service carried out a survey of patients' experiences, with overwhelmingly positive feedback.

Are services responsive?

We found the following areas of good practice:

- The service had no waiting lists for patients, and due to the wide range of health professionals working at the centre, could promptly refer patients to other specialists without delay.
- Care records were stored securely and computers had appropriate security systems in place, including encrypting emails to protect patients' confidentiality.
- The centre was open throughout the year, including bank holidays, half days on Saturdays and some evening appointments were available.
- Staff had training in equalities and diversity, and the medical team spoke a wide range of languages, which patients might speak as a first language.

Summary of this inspection

- There was a clear system in place for patients to make a complaint, and these were investigated appropriately.

However, we found the following issues that the service provider needs to improve:

- The provider did not have access to a hearing loop for use at the centre with patients who have hearing loss. The registered manager advised that this had been ordered following the inspection.

Are services well-led?

We found the following areas of good practice:

- Staff provided innovative treatments to patients who could not easily access these elsewhere. They published papers in medical journals, and contributed to innovations in mental health provision in the UK.
- Staff were positive about the leadership within the centre, and systems in place to ensure efficient running of the service.
- Managers reviewed the centre's policies at least every two years, to ensure that they were up to date.
- Clinicians attended clinical governance meetings quarterly. These covered clinical decisions, research, complaints and other issues relevant to the management of the service.

However, we found the following issues that the service provider needs to improve:

- Although high level audits of outcomes were being undertaken, the provider did not carry out regular audits of the quality of patient records.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Clinicians working in the centre had undertaken current training in the Mental Health Act. Staff were aware of how to access support and information related to the Mental Health Act if it was required.

Mental Capacity Act and Deprivation of Liberty Safeguards

Most staff had undertaken training in the Mental Capacity Act 2005. However, psychotherapists working at the centre had not undertaken current training in this area. Clinicians showed an understanding of the implementation of the Mental Capacity Act and how it was would be used in practice within the service.

Community-based mental health services for adults of working age

Safe	
Effective	
Caring	
Responsive	
Well-led	

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

Safe and clean environment

- Consulting rooms at the London Psychiatry Centre were comfortably furnished, and well equipped with medical equipment. Patients told us that they found the centre was clean and safe.
- The centre was visibly clean and tidy, with staff carrying out environmental checks, cleaning schedules in place, and a cleaner attending at least weekly. The registered manager undertook a detailed infection control audit in January 2017. She took action to address issues found, including providing hand hygiene signage. Hazardous waste was stored safely with a contract in place for its disposal. However, there was no body fluids spillage kit in the centre at the time of the inspection, although blood tests were carried out routinely. A week after the inspection, the registered manager provided evidence that a body fluids spillage kit had been newly acquired.
- The only medicines maintained on site were emergency medicines stored in the main office. Staff checked them regularly for quantities and expiry dates. However, the medicines were not stored in a lockable facility at the time of the inspection. Instead they were stored in an unlockable container in an unlockable cupboard. A week after the inspection, the registered manager provided evidence that she had purchased a new lockable medicines cabinet for the centre.
- A defibrillator was available at the centre, and this was kept maintained up to date. A first aid box was provided. However, there was no checklist to ensure that the first aid box was kept fully stocked, and items did not expire.
- The centre did not have an integral alarm system, but staff did not feel that this was required given the patient group attending. Staff told us that they referred to risk assessments when seeing patients at the centre, or on rare occasions for home visits. They had lone working protocols in place to check that staff completed their appointments safely.
- We found that medical equipment was serviced and calibrated regularly and in good working order. However, we noted that the repetitive Transcranial Magnetic Stimulation (rTMS) equipment had not been serviced since April 2016. The registered manager provided evidence from the manufacturer that the machine was fitted with safety features to disable the system if working outside its set parameters or if became fatigued, and it did not require annual servicing. She arranged for it to be serviced as soon as possible. Staff using the equipment carried out regular checks, including weekly coolant checks and daily coil usage checks.
- The premises were leased, and the landlord had responsibility for fire safety. All relevant staff were trained in fire safety and there was a fire marshal for the centre.

Safe staffing

- The service had a practice manager in place, and two administrators. Seven psychiatrists, a nurse specialist, four psychotherapists, an endocrinologist, a nutritionist and a clinical psychologist had practising privileges to see clients at the centre at the time of the inspection. Staff had varied contracts and did not work set hours. Most staff worked at other providers including the NHS.
- Two nurses worked at the service under a service level agreement with a nursing agency.

- The service ensured that there were cover arrangements in place for when staff were on leave or off-sick. Clinicians nominated another clinician to cover their caseload. The registered manager reported low rates of staff sickness.
- We reviewed eight staff employment records and examined the training, appraisal and criminal background checks (DBS) log for the staff team. We were concerned that the centre had not undertaken a DBS check on one of the clinical psychologists, and this was detailed on the log, indicating that this was not rigorously monitored. The registered manager took immediate action and advised that this consultant would not see patients at the centre until a satisfactory DBS check was undertaken. Other recruitment checks were in place including references, detailed employment histories, general medical council revalidation, indemnity insurance and practising privileges agreements.
- The registered manager kept records of staff training. We looked at mandatory training records for all staff (including the multi-disciplinary team), and found some gaps in training. The registered manager and administrators had completed relevant training including safeguarding children and adults, fire and health and safety, infection control, basic life support and conflict resolution. However, three psychiatrists, a nurse specialist, a clinical psychologist and three psychotherapists were not up to date with their basic life support training. Three psychotherapists and a nutritionist did not have up to date safeguarding training. This information was recorded in the staff training matrix.
- The registered manager had distributed employee safety handbooks to all staff, and put in place a health and safety action plan. This included recording any non-compliance, evidence that action was required, who the task was assigned to and the timescale for action.

Assessing and managing risk to patients and staff

- Patient care records included information about risk assessment and management. However, these were not detailed in explicit risk assessments and management plans. It was not always clear if all areas had been explored, for example in one case where a patient who misused substances had potential contact with children, the records did not demonstrate that this had been explored to ensure that they were safeguarded.
- Whilst the service mostly saw low risk patients, staff did not routinely complete crisis management plans for higher risk patients. Without a clear plan, there was a risk that the patient would not be supported by the service in the event of a crisis.
- One consultant psychiatrist treated patients with substance misuse issues, and on rare occasions conducted home detoxification with support from a named family member. He remained in every other day contact with such patients, undertaking the necessary blood tests to ensure their wellbeing. However, we were concerned to find that one patient who was being treated with a substitute for opiate addiction, had not been given naloxone (a life saving treatment for opiate overdose). In addition no naloxone was kept at the service with the emergency medicines. We discussed this with the registered manager and medical lead, who advised that they would look into this without delay. Doctors authorised to prescribe controlled drugs (CDs) had access to CD prescription pads, and these were stored securely.
- Staff ensured that they communicated regularly with patients' individual GPs, if patients gave their permission to do so.
- The service had safeguarding policies for adults and children at risk and a safeguarding lead. Staff we spoke with understood how to raise concerns and had access to the contact details to formally raise a concern to the local authority. The service had not raised a safeguarding alert within the past 12 months.

Track record on safety

- In the year prior to the inspection, there were no serious incidents in the centre.

Reporting incidents and learning from when things go wrong

- There was a serious incident protocol in place for the service, and staff had a good understanding of the incident reporting procedure. There had only been one incident in the last

Community-based mental health services for adults of working age

- The service had recorded one accident relating to a staff member, within the last year.

Duty of candour

- Staff were aware of and understood their responsibilities under the duty of candour. The duty of candour means that providers must operate with openness, transparency and candour, and if a patient is harmed they are informed of the fact and offered an appropriate remedy.
- The centre had a policy in place that covered the principles and values of the duty of candour legislation supported by a 'being open' policy. The policy indicated that staff would be supported if things went wrong in order to provide transparency and honesty. New staff received the practice policies which incorporated duty of candour.

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

(for example, treatment is effective)

Assessment of needs and planning of care

- Patients told us that the doctors explained treatment options clearly and answered their questions. Staff we spoke with had a very good understanding of patients' preferences and needs. Where the service provided on-going care and treatment, this allowed relationships to build up between staff and patients.
- We looked at 24 patient records including those for children, and patients treated for post traumatic stress disorder, depression, anxiety, substance misuse, and attention deficit hyperactivity disorder (ADHD). It was clear that patients had been involved in the planning and reviewing of their care. However, it was difficult to find all relevant information within the files, without reading through large amounts of correspondence. Records did not always explicitly include basic patient information such as high level risks, GP, and next of kin details. They also generally did not include a simple history for each patient, and current care plan, that could be accessed, without reading through correspondence from the start of treatment.
- The registered manager noted that some of this information was provided on patients' initial registration forms. However, these were stored separately as they contained financial information. She had introduced a cover sheet for newer patients, including some basic details, but these had not been rolled out to all files.
- Notes did include details of all treatments and their rationale, and evidence of regular monitoring. We found details of all prescriptions made, and baseline and on-going physical health monitoring including blood tests and electrocardiograms. There was a strong emphasis on psycho-social interventions alongside medicines and other treatments.
- For patients being treated with repetitive transcranial magnetic stimulation (rTMS) there were checklists completed, including contraindications, consent, and regular completion of a wide range of auditing tools, including audits monitoring signs of depression and anxiety, disability, sleep and side effects.
- For patients being supported with reducing substance misuse, clear aims were recorded, and a range of assessments were used. For example, patients were assessed for severity of alcohol dependency, physical health checks were undertaken, and a range of questionnaires and diaries were completed by patients to monitor patterns of consumption, urges, and side effects.
- Staff made appropriate referrals to other medical specialists, within or outside of the team, including a cardiologist and an endocrinologist.

Best practice in treatment and care

- All patients were encouraged to have physical health checks including electrocardiograms, in order to enable early detection of cardiovascular disease, in view of its association with depression and bipolar affective disorder.
- The London Psychiatry Centre was the first place in the UK to treat patients with rTMS, and the consultants were consulted in producing the National Institute for Health and Care Excellence (NICE) guidelines. The centre published its results to December 2016 on its website, indicating approximately 60% success rates for patients. These results were audited externally. They had clear protocols for using the equipment.

- The centre also provided external Trigeminal Nerve Stimulation (eTNS) a non-invasive treatment for depression that is suitable for people with epilepsy. Using a device placed on a patient's head, eTNS stimulates parts of the brain's trigeminal nerve, combating depression. The medical lead was in the process of collating patient data for publication of the centre's results with this treatment.
- The centre also provided treatment for post traumatic stress disorder using Eye Movement Desensitisation and Reprocessing (EMDR). The medical lead described results within approximately three weeks, and was planning to publish the centre's results in this area.
- The centre was also providing patients with bipolar affective disorder with a thyroxine treatment, following appropriate health checks, and a consultation with the endocrinologist. The medical lead had a paper accepted for publishing, on two patients who had shown significant improvements with this treatment.

Skilled staff to deliver care

- The team combined a range of professionals working together, including psychiatrists, psychologists, psychotherapists, mental health nurses, a nurse specialist, an endocrinologist, and a nutritionist. Several of the staff had worked for some years at the centre and knew patients well. All staff, including administrative staff, had an annual appraisal.
- Consultant psychiatrists attended peer review as part of their continued professional development. Peer review sessions were held at the centre quarterly, coinciding with the clinical governance meetings. The two nurses were supervised and appraised by the nursing agency that employed them. However, we were concerned to find that they did not have any formal clinical or management supervision sessions at the centre. We discussed this with the registered manager and the medical lead, who made the decision to commence in-house supervision for the nurses from that week.
- Administrative staff attended meetings at least two-monthly. At recent meetings issues discussed included staff rotas, confidentiality, practitioners availability, outstanding fees, controlled prescriptions, safeguarding and chaperones.

Multi-disciplinary and inter-agency team work

- Staff described good communication between the different members of the team. The range of health professionals, meant that patient could be referred swiftly to other specialists as needed.
- The nurses contacted the consultants regarding any queries in delivering the rTMS. One nurse described conducting a brief mental health state assessment on each occasion that patients attended. They noted that the consultant would respond promptly, and gave an example of a query a patient had regarding the side to be treated, which was clarified straight away. The nurse described a strong sense of satisfaction with the work, particularly due to the high rates of success in treating patients who had been unsuccessful with other treatments.
- All clinicians attended clinical governance meetings quarterly, with a peer review session held prior to this meeting.

Adherence to the MHA and the MHA Code of Practice

- Consultant psychiatrists and the registered mental health nurses were up to date with training in the Mental Health Act. A nurse told us that they would contact a consultant without delay if they had concerns about a patient's mental health during a consultation.

Good practice in applying the MCA

- Staff we spoke with had a good understanding of the Mental Capacity Act. However none of the psychotherapists had training in this area, which might place patients with fluctuating capacity at risk.
- In records we checked, an assumption of capacity was made and patients recorded their consent to treatment. Clinicians working with children had undertaken training in the Gillick guidelines (following a legal case which looked at when doctors should give treatment to under 16-year-olds without parental consent).

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

Kindness, dignity, respect and support

Community-based mental health services for adults of working age

- Patients told us that clinicians were kind and respectful, and listened to them. We observed staff interacting with patients sensitively and responsively. They were satisfied that their privacy was respected, and that staff listened to them, providing tailored support.
- Patients also spoke highly of the receptionist and administrative staff, describing them as attentive, professional, and approachable, doing everything possible to assist.
- Some patients described a high quality of treatment, that had changed their lives significantly for the better.
- One patient spoke highly of the clinician, but expressed concerns that they did not explain the potential cost of treatment at the outset, causing stress with financial arrangements.

The involvement of people in the care they receive

- Records that we looked at showed that patients were provided with information about their care and treatment pathways. Patients confirmed that they received detailed information.
- The provider had conducted a survey of patients' views of the service, with 35 patients participating. All comments received had been positive.

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

Access and discharge

- The centre was open daily until 6pm, and for half a day on Saturdays. Occasional evening clinics were also held for patients who were unable to attend during the day. The centre was open throughout the year, on bank holidays including Christmas day. At other times, patients calling the centre were provided with information on who to contact within the NHS in the event of a crisis.
- There was no waiting list for the centre, and there were approximately 1500 patients registered. Although many of these had not attended for some years, they were not discharged and able to return to the centre. Most patients' records were archived to a secure storage unit after non attendance for two years, but could be recalled as needed.
- People were able to self refer to the service, or be referred via GPs, consultants or other health professionals. All patients were seen on a private basis. Due to the wide range of health professionals in the centre, patients were able to access holistic support in relation to their mental health needs.
- There were no set exclusion criteria for the centre, however consultants assessed each patient to determine whether they could safely treat them at the centre. For example patients were not seen as inpatients, even if they were admitted into a hospital provided by another registered provider. Very few home visits were carried out and only in exceptional circumstances. However, the centre was able to assist patients in arranging nursing care at home via another registered provider if necessary.

The facilities promote recovery, comfort, dignity and confidentiality

- The centre was furnished and maintained to a high standard, and staff had relevant information available to provide to patients about their treatments and conditions. Patients were provided with relevant information about the service, including fees, and how to make a complaint.
- Patients records were stored securely in locked cabinets, and computers were password protected, and emails encrypted to maintain patients' confidentiality.
- All staff signed a confidentiality agreement regarding their work at the centre, and completed information governance training.

Meeting the needs of all people who use the service

- Staff had completed equalities and diversity training and were clear about meeting the needs of people with protected characteristics. There was a chaperone policy in place, with a notice available for patients in waiting and consulting areas, on how to access this service.

Community-based mental health services for adults of working age

- The medical team spoke a wide range of languages, and were able to support patients for whom English was not their first language. Staff were able to access external interpreters if required, but the provider told us that this had not yet been necessary.
- Disabled patients could be seen on the ground floor for consultations, but there was only step access to the repetitive transcranial magnetic stimulation treatment rule. The registered manager advised that they had looked into alternative options but due to the age and design of the building, lift access was not an option.
- There was no hearing loop available for patients with hearing loss. However, the registered manager advised that one had been ordered following the inspection.
- The centre did not provide group sessions, as they had not found sufficient interest amongst the patient group for group therapies.

Listening to and learning from concerns and complaints

- Patients we spoke with understood how to make a complaint and raise any concerns.
- Staff were aware of recent complaints received by the service, and there was a space to discuss complaints at quarterly clinical governance meetings, at administrative meetings, and if relevant, in supervision sessions.
- Two formal complaints had been received within the last 12 months. One of these was investigated and not upheld, and the other was still on-going. The complaints related to patient fees and the content of a patient's treatment plan.
- Six written compliments had been received by the service, within the last 12 months, in addition to 35 positive responses to the patients' survey.

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

Vision and values

- The centre's vision was to be a centre of excellence providing world class care and services for those suffering from mental health issues from around the world. The future vision included extending and expanding the centre and services around the UK.
- The medical lead described the broad range of services provided as the equivalent of a 'pit stop' for patients, to address their full range of mental health needs. Staff we spoke with were fully aware of the centre's vision and values.

Good governance

- The registered manager had been in post for two years, and staff described her as very supportive and efficient in managing the service. The registered manager and medical lead were very open and receptive in discussions about how improvements might be made to the service during the course of the inspection. They put in place a number of improvements in the days immediately following the inspection visit.
- The centre had an overview of the training needs of staff, however they did not always follow up when mandatory training required updating.
- Clinical governance meetings were held quarterly, and were usually well attended. Topics discussed in recent meetings included complaints, leads for particular client groups, a safeguarding lead, peer group supervision and results of audits.
- The centre had a range of relevant policies relating to its operations, and reviewed its policies at least every two years.
- Audits were undertaken regarding the efficacy of treatments provided by the centre. However, the centre did not have systems in place for more low level auditing of patient records. For example, there were no routine audits of risk assessments, care plans, consent, and physical health monitoring, to ensure the quality of recording across the service.

Leadership, morale and staff engagement

- Morale among the staff team was very positive.
- Staff were aware of the service's whistleblowing policy and told us that they would feel confident to raise concerns with management if required.

- Staff spoke highly of the medical director's leadership style, encouraging innovation. The medical director identified a potential weakness in having all practitioners self-employed, and only attending the centre for their individual sessions. This meant that team members might not see each other in person for long periods, other than for the quarterly clinical governance meetings.

Commitment to quality improvement and innovation

- The London Psychiatry Centre pioneered repetitive Transcranial Magnetic Stimulation (rTMS) in the UK, and provided the national institute for health and care excellence with guidance for this treatment. They conducted on-going audits on the rTMS patients' responses to treatment such as remission rates.
- The centre also provided external Trigeminal Nerve Stimulation (eTNS) a non-invasive treatment for depression that is suitable for people with epilepsy. The medical lead was in the process of collating patient data for publication of the centre's results with this treatment.
- The centre provided treatment for post traumatic stress disorder using Eye Movement Desensitisation and Reprocessing (EMDR). The medical lead described results within approximately three weeks, and was planning to publish the centres results in this area.
- The centre was also pioneering treatment for patients with bipolar affective disorder using a thyroxine treatment, following appropriate health checks, and a consultation with an endocrinologist. The medical lead had a paper accepted by the Royal Society of Medicine describing the treatment of two patients who had shown significant improvements with this treatment.

Outstanding practice and areas for improvement

Outstanding practice

The service provided innovative treatments that were largely unavailable in NHS services, and was contributing to the research and development of new treatments.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that no staff work at the service unsupervised without completing a criminal records disclosure and barring check, to ensure their suitability to work. (The provider took action during the inspection).
- The provider must ensure that all gaps in mandatory staff training are addressed without delay, to ensure that patients receive safe care and treatment.

Action the provider SHOULD take to improve

- The provider should ensure that emergency medicines are stored safely at all times. (The provider took action to address this immediately following the inspection)
- The provider should ensure that naloxone is available for patients at risk of an opiate overdose.
- The provider should ensure that there are explicit risk assessments, and crisis plans, where applicable, recorded for patients to ensure their safety.
- The provider should review systems in place to record patients' notes to ensure that it is easy to locate a basic history, current treatment plans and physical health checks without delay.
- The provider should ensure that there is a checklist in place to monitor the contents of the first aid supplies for the service, and that a blood spillage kit is available within the centre.
- The provider should ensure that all relevant staff receive training relating to the Mental Capacity Act (2005).
- The provider should ensure that nurses receive formal supervision at the centre. (The provider took action to address this during the inspection)
- The provider should ensure that regular audits are undertaken regarding patient records, to ensure the quality of recording across the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for the patients. The provider did not ensure that all gaps in mandatory staff training were addressed, to ensure that patients received safe care and treatment. This was a breach of regulation 12(2)(c)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively to ensure safe staffing. The provider did not ensure that no staff worked at the service unsupervised without completing a criminal records disclosure and barring check, to ensure their suitability to work. This was a breach of regulation 19(3)(a) Schedule 3 (The provider took action to address this at the time of the inspection)