

Medical Foundation London

Quality Report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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.

Summary of findings

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 rated The Medical Foundation London as **good** because:

- Medical assessment rooms were equipped with the necessary equipment to carry out basic physical examinations. All areas were visibly clean and furnishings well maintained. There were good fire safety systems in place. Patients were seen promptly when referred to the doctor. Staff were familiar with the provider's incident reporting procedures and were debriefed following incidents.
- Staff completed comprehensive assessments in a timely manner. Care and treatment records were personalised, holistic and recovery orientated. This included good assessment of patient's physical health needs. The service offered patients a wide range of psychological therapies recommended by The National Institute for Health and Care Excellence (NICE) and support for employment, housing and benefits. There were good working relationships between the doctors and therapists. Doctors supported patients to make decisions and sought patient consent before conducting medical consultations.
- Staff treated patients with kindness, dignity and respect. Patients were invited to give feedback on the service they received.
- The service reviewed patients promptly at different stages of the referral pathway. Medical consultation rooms were sound-proofed and well-maintained. The service offered patients a variety of support and activity groups. The service had very good access to interpreters. Key patient information was provided in 13 different languages. Patients knew how to complain and information on how to complaint was available to them. The service handled complaints appropriately.

- Staff enjoyed working at the service and were committed to providing good quality care and support to survivors of torture. The provider's governance arrangements included checks that ensured doctors were appropriately qualified and competent. The service had a risk register in place and senior management reviewed it regularly. The service demonstrated its commitment to quality improvement and innovation.

However:

- The service did not have adequate systems in place to safely assess and manage risk to patients and staff. Where patients had mental health issues, staff had not completed comprehensive risk assessments and these were not updated following recent incidents. Risk management plans did not include information, developed with patients, on what to do in a crisis. There were inadequate systems in place to monitor patient's change in risk when they were waiting to be seen at intake panel or initial assessment.
- The service had not always notified the Care Quality Commission (CQC) of notifiable incidents.
- Not all staff had completed the appropriate mandatory training. The service did not have systems in place to monitor staff supervision and mandatory training rates.
- The service had not kept up to date cleaning records for the building and examination equipment. The service had not completed an environmental risk assessment for the outdoor communal space, including the garden.

Summary of findings

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Good 

Medical Foundation London

Services we looked at

Community-based mental health services for adults of working age

Summary of this inspection

Background to Medical Foundation London

The Medical Foundation London is a charitable organisation that provides a range of services aimed at rehabilitating survivors of torture from around the world who are now living in the UK. The service operates from Monday to Friday and from 9am to 5pm.

The Medical Foundation London is registered to provide the regulated activity of: treatment of disease, disorder or injury

We inspected the regulated activity that was delivered by three volunteer doctors. The doctors provide medical consultations to adult survivors of torture. Following a medical consultation, the doctor sends a recommended treatment plan to the patient's registered GP. The service

does not prescribe medication or conduct medical treatment. The doctors usually complete a one-off medical consultation. However, therapy staff can re-refer patients to the service doctor as needed.

The Medical Foundation London offers other services to people and these do not fall within the scope of the registered regulated activity. This includes the therapy service (psychotherapists, counsellors and family therapists) and the in-house medico-legal service in which healthcare professionals support clients with legal documentation.

Medical Foundation London was last inspected by CQC in November 2012 under our previous methodology and was found to be compliant in all areas.

Our inspection team

Lead inspector: Sophia Del-Gaizo

The team comprised two CQC inspectors, one CQC inspection manager and a psychiatrist.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

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 these service.

During the inspection visit, the inspection team:

- visited the registered location and looked at the quality of the environment
- spoke with five patients
- spoke with one ex-patient
- interviewed the centre manager
- interviewed the director of clinical services
- spoke with three medical doctors, a therapist manager, facilities manager, interpreter manager, a therapist, receptionist, quality assurance lead and HR staff

Summary of this inspection

- looked at seven care records of patients
- carried out a specific check of nine staff employment records
- observed one medical consultation
- reviewed two comment cards from patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients said staff were polite, helpful and respectful. They said doctors asked them for consent before they carried out physical examinations and explained their treatment plans to them. Patients said they enjoyed the

activity and support groups available at the service. This included the football group, Iranian survivors group and the user-engagement group. Patients said they always had access to an interpreter.

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 rated safe as **requires improvement** because:

- The service did not have adequate systems in place to safely assess and manage risk to patients and staff. Where patients had mental health conditions, their risk assessments were not comprehensive and were not updated following recent incidents. Risk management plans did not include information, developed with patients, on what to do in a crisis.
- There were no systems in place to monitor patient's change in risk when they were waiting at different stages of the referral pathway.
- Not all staff were up to date with the appropriate mandatory training. Staff had until the end of July 2017 to complete the training.
- The service had not kept cleaning records for the building and examination equipment to demonstrate they were regularly cleaned. The service had not completed an environmental risk assessment for the outdoor communal space, including the garden.
- The service had not always notified the CQC of notifiable incidents.

However:

- Medical assessment rooms were equipped with the necessary equipment to carry out basic physical examinations.
- All areas were visibly clean and furnishings well maintained.
- There were good fire safety systems in place.
- Patients were seen promptly when referred to the doctor, usually within their two-week target.
- Staff were familiar with the provider's incident reporting procedures. Staff were debriefed following incidents.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Staff completed comprehensive assessments in a timely manner.
- Care and treatment records were personalised, holistic and recovery orientated. This included good assessment of patient's physical health needs.
- The service offered patients a wide range of psychological therapies recommended by NICE and support for employment, housing and benefits.

Good



Summary of this inspection

- There were good working relationships between the doctors and therapists.
- Doctors supported patients to make decisions and sought patient consent before conducting medical consultations.

Are services caring?

We rated caring as **good** because:

- Staff treated patients with kindness, dignity and respect. Patients told us that staff were helpful and they felt supported.
- Patients were encouraged to be involved in the planning and delivery of their care.
- Patients were able to feedback on the quality of the medical consultations they received. There was a user-engagement group for current and ex-patients to meet and feedback on the service.

Good



Are services responsive?

We rated responsive as **good** because:

- The provider reviewed patients promptly at different stages of the referral pathway.
- Medical consultation rooms were sound-proofed and well-maintained.
- The service offered patients a variety of support and activity groups. The service had very good access to interpreters.
- Key patient information was provided in 13 different languages.
- Patients knew how to complain and information on how to complain was available to them. The service handled complaints appropriately.

Good



Are services well-led?

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

- Staff enjoyed working at the service and were committed to providing good quality care and support to survivors of torture.
- The service's governance arrangement included checks that ensured doctors were appropriately qualified and competent.
- The service had a risk register in place and senior management reviewed it regularly.
- The service was going through a process of change to its clinical service model. The leadership team held focus groups for both staff and patients.
- The service was committed to quality improvement and innovation.

Good



Summary of this inspection

- The service had contributed to the NICE guidance for post-traumatic stress disorder.
- The service carried out internal peer-reviews and doctors carried out peer-reviews of each other's medical consultations.

However:

- The service did not have systems in place to monitor staff supervision and mandatory training rates.

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.

The Medical Foundation London did not provide care and treatment to people who were detained under the Mental Health Act 1983.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had completed training in the Mental Capacity Act 2005. Training information we viewed showed that 78% of staff had completed the training. The Deprivation of Liberty Safeguards did not apply to this service because it was a day service and did not accommodate people overnight.

Care and treatment records detailed that doctors sought patient's consent before medical consultations commenced. The centre manager carried out audits of the care and treatment records to ensure that patients gave their consent and this was recorded.

Community-based mental health services for adults of working age

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

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

Requires improvement 

Safe and clean environment

- Staff had access to alarms they could use in emergencies, but they did not always check these worked. Some of the medical assessment rooms and therapy rooms were fitted with alarms. If the room was not fitted with an alarm, staff could access portable personal alarms. The service did not keep a record of when the alarms were last serviced. This meant the service could not be assured they were fit for purpose. The inspection team highlighted this on the day and the service booked a date to service the alarms on 3 July 2017 and annually thereafter.
- The medical assessment room was equipped with the necessary equipment to carry out physical examinations. This included an examination couch, a blood pressure machine, stethoscope and weighing scales. However, staff did not calibrate the weighing scales. This was important to ensure accurate operation of the scales. The inspection team highlighted this on the day and staff calibrated the scales and planned to do this monthly thereafter.
- All areas were visibly clean and furnishings well maintained. The service employed a sub-contractor to clean the building each working day. The service did not keep cleaning records to demonstrate that the environment was regularly cleaned. In addition, the service did not keep records to demonstrate cleaning of

the examination equipment used by the doctors. There was a cleaning checklist for examination equipment in the medical assessment rooms but staff had not completed it. Staff told us the checklist had only been recently been implemented before our inspection. If staff do not record where they have cleaned there is a risk some items may not be cleaned.

- First aid kits were available and easily accessible on each floor of the building. The first aid kits were new and had been delivered just before the inspection. The facilities manager had developed a checklist to make sure everything in the kits was replaced as needed. Details of staff that had been trained in first aid were clearly displayed on each floor. An automated external defibrillator was fixed in the main entrance and had been serviced recently.
- The service had an infection control policy that had recently been reviewed. Hand sanitiser was available throughout the building. There were sinks for handwashing in the medical assessment rooms and toilet areas, with posters about recommended handwashing techniques.
- An external company completed health and safety checks of the service in February 2017. Checks included emergency lightening, legionella and hot water testing. The service had good fire safety systems in place. Staff tested fire alarms weekly and recorded this. A health and safety fire risk assessment and a fire alarm service were completed in January 2017.
- Staff completed a building risk assessment but did not include the outdoor communal space and garden as part of the assessment. This meant potential risks in the outdoor space were not accounted for. The garden was

Community-based mental health services for adults of working age

locked and staff supervised patient access to this area. However, patients could access the outdoor communal space, where there were potential risks, freely. For example, there was a shallow pond in the communal area that could have posed a risk to small children.

- CCTV was in operation in communal areas of the service to ensure patient's safety.

Safe staffing

- The service employed three volunteer doctors who provided medical assessments. They each worked one day per week. They did not carry an ongoing caseload. Patients were referred for an assessment appointment with the doctor and were seen promptly, usually within two weeks. The doctors had a manageable number of appointments. Each doctor had two to three medical consultations per week.
- There were cover arrangements for staff that were sick or on leave. The team administrator would contact the patient to re-arrange the appointment. If the patient needed to see a staff member that day, an on-call manager would see the patient the same day.
- The service did not use bank or agency staff.
- The service had recently identified which of its training courses were mandatory for all staff to complete. At the time of the inspection, completion rates varied. For example, 57% of staff had not completed the course for identifying clinical risk and risk management. The average mandatory training rate was 72%. Management had a plan to ensure all staff had completed mandatory training. Staff had until the end of July 2017 to complete the training.
- We looked at nine employment records for staff. The service had carried out appropriate pre-employment checks that included disclosure and barring service (DBS), identification and references. Accessing all of the employment records was difficult. Human resources (HR) kept employment records for newer employees, whilst individual managers kept employment records for employees who had started more than two years ago. The service planned to centralise all staff employment records to the HR team.

Assessing and managing risk to patients and staff

- We looked at seven care records for patients, which included how staff assessed and managed risk to patients. Staff undertook a risk assessment of every patient during their initial triage assessment and updated this regularly at three monthly intervals. However, where patient's needs had changed, staff had not updated risk assessments to reflect this.
- Staff had not adequately managed risk of patients who had mental health conditions. On review of patient records, we found that patients at risk of suicide did not always have appropriate risk management plans in place to support them. These concerns were escalated to the service during the inspection. The service told us that they were considering the introduction of a risk assessment and management tool specifically for patients identified as having mental health issues.
- Risk management plans, which were developed with patients, did not include information on what to do in a crisis. This was highlighted to the service during the inspection. They subsequently put together a revised risk management plan that included information on how to support patients in a crisis.
- There were short waiting times for patients at various stages of the referral pathway, although the service did not safely manage the risk of patients who were waiting to be seen. Staff did monitor changes of risk for patients who were being assessed for therapy and where risks were identified the patient was prioritised to start treatment. However, if the patient's change in risk happened after the assessment and they had to wait to start their treatment, there was an insufficient system in place to monitor changes in risk.
- Whilst the Medical Foundation London was not a crisis service, appointment letters did not clearly state this and there was no information advising people on what to do if their circumstances changed. We raised these concerns with the service during the inspection. As a result, the service said they were planning to review their systems to ensure that risk was monitored whilst people waited to be seen at each stage of the pathway. This included adding information to standardised appointment letters advising patients of who to contact if there was a change in their circumstance or there was a medical emergency.

Community-based mental health services for adults of working age

- Staff had a good understanding of safeguarding and knew their responsibilities, 63% of staff had completed the mandatory training course. Staff who had not completed the training had until the end of July 2017 to complete it.
- There was a lone worker policy in place for the service. However, home visits were rare, with the last one in February 2016. Home visits had to be approved by the director of clinical services and risk assessed.
- The service had recently implemented the government's Prevent strategy, to work alongside the government to reduce the risk to the UK and its interests overseas from terrorism. The service had recently made an appropriate referral to via the Prevent system.

Track record on safety

- The service reported two serious incidents in the last 12 months. The service managed these incidents appropriately and completed root cause analyses.

Reporting incidents and learning from when things go wrong

- Staff knew the service's incident reporting procedures and reported incidents that needed to be reported.
- The quality lead manager produced an incident analysis report every three months, which identified incident themes across the organisation. Team managers shared this report with staff. This demonstrated sharing of information between locations. Staff could talk about recent incidents and the lessons learnt.
- Staff were offered debriefs following incidents.
- Staff spoke about improvements that had been made to the service after incidents.
- The service had not notified the CQC of notifiable incidents. This included one safeguarding alert in May 2017 and one incident that involved the police August 2016. The provider must notify the CQC of any abuse or allegation of abuse in relation to a patient, and any incident that is reported to, or investigated by, the police.

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

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We looked at seven care records for patients who had received treatment from a doctor. Staff completed comprehensive assessments in a timely manner using a standardised format. Each patient received a comprehensive assessment that addressed a range of their social, health and therapeutic needs. All but one of the care records we looked at were up to date. Care and treatment records were personalised, holistic and recovery orientated.
- Where the patient had been referred to the doctor, a comprehensive record of their assessment was available in the patient's electronic records. Letters from the doctor to the patients GP included information relating to risk and the ongoing care and treatment provided by the service. These letters also contained treatment recommendations for physical health conditions. In addition, a copy of the treatment recommendations made by the doctor to the patient's GP was also shared with the patient.
- Whilst the service maintained comprehensive records of the care and treatment provided to patients, care and treatment plans were not in place. This meant that it was difficult to see what care and treatment had been provided for patients, and their progress, without reading through multiple progress note entries. However, as this care and treatment was provided by therapists and counsellors, this area of the provider's activity did not fall within regulation.
- All information needed to deliver care was stored securely and available to staff when they needed it and in an accessible form.

Best practice in treatment and care

- The service did not prescribe any medicines to patients.

Community-based mental health services for adults of working age

- The service offered patients a wide range of psychological therapies recommended by The National Institute for Health and Care Excellence (NICE). These included stabilisation groups recommended for people from refugee backgrounds, narrative-exposure therapy, eye movement desensitization and trauma-focussed cognitive behavioural therapy. Therapists also offered patients psychodynamic therapy that sat outside of NICE guidance.
- The service had a welfare department that offered patients support for employment, housing and benefits.
- Patients' physical health was assessed upon referral. Patients could be referred to the doctors for medical assessment of their physical health. Where staff identified concerns regarding a patient's physical health, they referred the person to the doctor for assessment. Staff considered physical healthcare needs and provided comprehensive advice to patients' GPs regarding treatment options for their physical health needs.
- We saw in some patients' care and treatment records the use of outcome measures to gauge the progress patients had made whilst receiving care and treatment.
- Staff participated in monthly clinical audits. These included checking patients' initial assessments had been completed and consent forms had been signed.

Skilled staff to deliver care

- Experienced doctors medically assessed patients who were using the service. The registration and annual revalidation of the doctors who provided medical consultations were up to date.
- Patients had access to a range of other professionals at the service, these included therapists, interpreters and healthcare professionals to support them with medico-legal documentation and welfare.
- The doctors said they received a comprehensive induction.
- Staff received regular supervision. Eighty-nine percent of staff had received supervision. The 11% (two staff members) who had not received supervision was due to one staff member being new and was in the process of arranging their supervision, another staff member's

supervisor had left, and a new supervisor had been planned to take their place. All staff we spoke to said they had regular supervision that was in line with the provider's supervision policy.

- All staff employed for more than a year had received an appraisal. The doctors collected feedback from patients to contribute to their appraisals.
- Staff had access to weekly team meetings. We reviewed a sample of team meeting minutes that confirmed team meetings were regular and addressed staff training needs, patient case discussions and business.

Multi-disciplinary and inter-agency team work

- Patients' care and treatment records demonstrated that there were good working links, including effective handovers, with primary care, social services, and other teams external to the organisation.
- Doctors and therapists told us there was good communication between professionals at the service to ensure effective patient care. Therapists said they were able to re-refer a patient back to the service doctor if a medical need was identified.
- The doctors informed GPs about individual patient's treatment recommendations in all seven records we reviewed. We saw evidence that the doctors supported patients to access other services. For example, a service doctor supported a patient to access a dentist. This was corroborated by patient interviews.
- In addition to one to one counselling and therapy, patients were able to access a range of social and therapeutic activities. Where appropriate, patients were also offered advice and support regarding welfare, benefit and other social issues, such as housing and legal representation.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Patients using the service were not subject to the Mental Health Act.
- The service had a therapist who was also a practising psychiatrist at a different provider. Staff consulted the therapist regarding any patients who had mental health concerns. The therapist carried out mental health state examinations and referred the patient onto mental health teams where necessary.

Community-based mental health services for adults of working age

Good practice in applying the Mental Capacity Act

- Seventy-eight percent of staff had received training in the Mental Capacity Act (MCA). The three doctors we spoke with had a good understanding of the MCA.
- The doctors supported patients to make decisions. The provider had not identified any patients who had concerns regarding their capacity about specific decisions.
- Doctors sought patient consent before conducting medical consultations. This was evident in patient records and the medical consultation we observed.

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

Good 

Kindness, dignity, respect and support

- We saw that reception staff treated patients visiting the service for therapy and medical consultation appointments politely and respectfully.
- We read two CQC feedback forms completed by patients. Patients said the service had helped them. Patients we spoke to were positive about the care they received from the doctors. Patients said the doctors were caring and thoroughly explained medical assessments and recommended treatment plans to them.
- Staff maintained patient confidentiality. Staff understood the individual needs of patients. The service assigned interpreters to patients based on their gender, ethnicity needs and were culturally sensitive.
- The provider ensured patient's privacy and dignity was maintained during medical consultations. Rooms had an examination couch with the option to use curtains. Staff also provided patients with the choice of a chaperone during medical assessments.

The involvement of people in the care they receive

- Patients were encouraged to be involved in the planning and delivery of their care. We saw from patients' care and treatment records that their care and treatment had been discussed and agreed with them, and that efforts

were made to meet their individual needs. For example, appointment times to accommodate college commitments or travel times. Patients' care and treatment records also demonstrated that staff encouraged them to maintain and develop their independence.

- Staff supported patients to use other health and social care services via advice and advocacy support. The service offered legal and welfare advice to patients. The welfare department supported patients where they had problems with payments, attending an appointment, housing or were destitute.
- Patients had the opportunity to feedback on the quality of the medical consultations they received. We reviewed recent feedback and patients were generally very positive about the doctors and said they received good care.
- There were opportunities for current and ex-patients to meet with each other and feedback on the service. These meetings were held at the Medical Foundation London service on a bimonthly basis. An ex-patient led the meetings and staff only attended when the group invited them or when staff wished to consult them on organisational changes. Feedback from patients who used the group said they found it a positive experience.
- Staff gathered feedback from patients via annual focus groups.

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

Good 

Access and discharge

- The provider had set timescales for the initial pathway from referral to commencement of treatment and monitored these. The target for referral to intake panel (multidisciplinary team referral review) was two weeks and the actual wait was two weeks. The waiting time

Community-based mental health services for adults of working age

target for intake panel to assessment was four weeks and the actual wait was two weeks. The waiting time for assessment to therapy was three months and the actual wait was zero weeks.

- The provider had clear criteria for which people would be offered a service. These were clearly outlined on the referral form on the provider's website.
- Care and treatment records demonstrated that the team responded promptly and appropriately when patients phoned in, both for routine matters and when in crisis.
- Care and treatment records also demonstrated that the team took a proactive approach to re-engaging with patients who did not attend appointments.
- Where possible, patients had flexibility in the times of appointments.

The facilities promote recovery, comfort, dignity and confidentiality

- Doctors had their own medical consultation rooms that were adequately equipped to carry out medical assessments.
- Consultation rooms were sound-proofed and well-maintained.
- Information was available to patients in the waiting area about how to complain.
- The service had showers that patients could use.
- The service had a multi-faith room that patients could access for their spiritual needs. It also contained a phone that patients could use privately.
- The service offered patients a variety of support and activity groups. These included a writing group, a bread-making group, gardening, a choir group and a Tamil-support group.

Meeting the needs of all people who use the service

- Patients who required disabled access were able to access the service. There was a ramp leading into the service from the street, toilets that were adapted and a lift to access the medical consultation rooms on the first and second floors.
- Information, including complaints, consent and confidentiality forms was provided in 13 different languages.

- The service provided interpreters as required for medical assessments. The service had very good access to interpreters. The service had an interpreter manager, an interpreter administrator and four interpreters who worked on a contracted basis. They also used a national register of qualified interpreters when needed. We saw that interpreters were assigned to patients based on their gender, ethnicity needs and were culturally sensitive. Care and treatment records demonstrated that appropriate interpreters were always available when staff met with a patient with whom they did not share a first language.

Listening to and learning from concerns and complaints

- In the last 12 months there had been two complaints. None of these complaints were upheld or referred to the Ombudsman. The provider handled complaints appropriately and apologised to the patient where necessary.
- Patients knew how to complain and information on how to complain was provided in the reception area and in patient handbooks. Patients could also feedback via comment forms provided in the reception area, these were translated in eleven different languages.
- Staff knew how to support patients who wished to make a complaint.

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

Good 

Vision and values

- Staff told us they enjoyed working at the service and were committed to providing good quality care and support to survivors of torture.
- Staff knew who the most senior managers were in the organisation. The director of clinical services was visible and had attended the weekly intake panel. The chief executive officer was based in the London service and had attended team meetings.

Good governance

Community-based mental health services for adults of working age

- The provider completed checks to ensure doctors working at the service were appropriately qualified and competent. The medical responsible officer had oversight of doctors and ensured completion of appraisals and accreditations. The medical responsible officer met with the director of clinical services monthly and there were no issues raised in regards to the doctors.
- Systems to monitor aspects of staff performance in the service were not fully developed and embedded within the organisation. During the inspection, staff told us that previously training was not mandatory and only recently had team managers started reporting training rates to the centre manager. Supervision had recently been added to the centre manager's clinical audit to ensure oversight of staff supervision rates. Staff we spoke to said they had been supervised and staff supervision records we checked corroborated this.
- The service had good incident and complaint reporting systems in place that enabled learning. There was a system in place for patient feedback. The service had good oversight of safeguarding incidents.
- Some audits had taken place regarding care and treatment records. Senior management reviewed these audits at monthly governance meetings.
- The service used key performance indicators (KPIs) to gauge the performance of the team. These included waiting times at different stages of the referral pathway. KPIs were discussed at board level meetings and the quarterly clinical legal and governance committee.
- There was appropriate administrative support at the service.
- The service had a risk register in place that identified risks in the service and how they were going to address them. This was reviewed at the quarterly clinical legal and governance committee. Senior management monitored progress on actions required and updated information on the register to ensure that risk was being appropriately managed. The risk register was also discussed at board level meetings.
- The director of clinical services met with the centre manager and the centre managers from the other provider locations on a monthly basis. Managers shared good practice and learning from complaints and incidents.
- Doctors peer reviewed each other's medical consultation to improve the quality of the consultation process.
- The provider carried out its own peer review and quality visits at different provider locations. Staff reviewed the action plan from the peer reviews every three months.

Leadership, morale and staff engagement

- Staff had the opportunity to feedback on the service through biannual staff surveys.
- Staff morale was high. The leadership team was motivated and spoke of pride in working for the service.
- Doctors told us the service had an open and transparent culture and they were able to raise any concerns with their line manager.
- We saw evidence that the provider was open and transparent to patients during the handling of complaints and incidents.
- The service was going through a process of change to its clinical service model. Plans were in place to expand the multi-disciplinary team from primarily doctors and therapists to include a care-coordinator and an occupational therapist, to meet a wider range of patient's needs. The leadership team held focus groups for staff and patients to consult them on the proposed changes. Staff and patients we spoke to felt listened to regarding the changes to the clinical service model.
- The provider had plans in place that had been approved by the board to develop a pain management service at the London location. One of the doctors, who had a background in palliative care, had been involved in the development of this service.

Commitment to quality improvement and innovation

- The provider had contributed to the NICE guidance for post-traumatic stress disorder.

Outstanding practice and areas for improvement

Outstanding practice

The service had very good access to interpreters. The service had an interpreter manager, an interpreter administrator and four interpreters who worked on a contracted basis. They also used a national register of qualified interpreters when needed. We saw that

interpreters were assigned to patients based on their gender, ethnicity needs and were culturally sensitive. Care and treatment records demonstrated that appropriate interpreters were always available when staff met with a patient with whom they did not share a first language.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that they adequately assess and manage risks to patients and staff. The provider must ensure that where patients have mental health issues their risk assessments are comprehensive and updated following incidents. The provider must ensure patients have risk management plans and these include information on how to support patients in a crisis. The provider must ensure there are systems in place to monitor changes in risk while patients wait to receive services.
- The provider must ensure that they submit all required statutory notifications to the CQC.

Action the provider **SHOULD** take to improve

- The provider should ensure all staff have completed the mandatory training programme by the provider's deadline of July 2017.
- The provider should ensure that there are systems in place to monitor staff supervision and mandatory training rates.
- The provider should ensure cleaning records for the building and examination equipment are up to date.
- The provider should complete an environmental risk assessment for the outdoor communal space, including the garden.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Staff had not completed comprehensive risk assessments and they were not updated following recent incidents.

Risk management plans did not include information, developed with patients, on what to do in a crisis.

There were no systems in place to monitor patient's change in risk when they were waiting to be seen at intake panel or initial assessment.

This was breach of regulation 12 (1) (2) (a) (b) (c)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not notified the CQC of all notifiable incidents. This included one safeguarding alert in May 2017 and one incident that involved the police August 2016.

This was a breach of Regulation 18 (1)(2)(e)(f)