Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Sloane Court Clinic

11 Sloane Court West, London, SW3 4TD

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Date of Inspection: 14 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sloane Court Clinics Limited
Registered Manager	Dr. Roger Howells
Overview of the service	The Sloane Court Clinic provides services for the assessment, diagnosis and treatment of mental health and psychological conditions in adults and children.
Type of service	Doctors consultation service
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 February 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

People were respected and involved in their care. The service provided information to help people to understand their condition and to support them in making decisions about care based upon their individual needs.

People were positive about the care they received. We looked at feedback forms collected by the provider. One person wrote "Excellent care and attention to detail has been given to me at all time." Another person commented "You have helped me to become confident and positive about my future." Care and treatment was personalised and people's progress was monitored regularly. Care records were well kept and fit for purpose.

The service co-operated with other healthcare providers to ensure people received safe and consistent care. The provider had a care co-ordination policy in place and communicated regularly in writing with other clinicians involved in the care of people who used the service.

Non-clinical and clinical staff were supported appropriately by the provider to maintain their knowledge and skills. For non-clinical staff this was related to internal training opportunities. Clinical staff were encouraged to transfer their knowledge gained in other clinical positions to their role at the service.

Service quality was regularly assessed and monitored through audit, data analysis and collecting feedback from people. The provider was proactive in using this information to improve care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. Staff we spoke with told us that they employed a range of methods to inform people about the service and their care. We asked to see some examples of written information that people who used the service could access. A patient booklet provided information about the the facilities, the provider's statement of purpose, and practical details about payment methods. This also advised people that they could request a chaperone during consultations if this made them more comfortable. The provider offered this booklet in a large type-face for people with visual impairment.

We saw that various printed information leaflets were made available for people about different mental health and psychological conditions seen at the service. These included leaflets on anxiety, depression and adult attention deficit hyperactivity disorder. There was also printed information available about the clinicians who practiced at the location including their photographs. This allowed people who used the service to find out more about staff members before they actually saw them and helped to put people at ease.

Staff told us that people who used the service were encouraged to keep in contact with the service and were given the email address and telephone number of the location. We spoke with clinical staff who told us that people sometimes contacted the service requiring urgent advice or support. While people were encouraged to attend for a face-to-face consultation, support via other methods was provided if required. We saw evidence that support and reassurance had been provided by a clinician to a person who used the service via email and that another person who had been unable to attend the service had been given a consultation using a video phone call. This meant that the service provided support to people using methods that were most appropriate for their individual needs.

People were encouraged to express their views about the service. We saw that patient feedback forms were easily accessible for people to take, complete and return. We spoke with staff and the Registered Manager and found that they were welcoming of comments

made by people who used the service. The staff were receptive about ways they could improve the service and the care provided.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with senior staff who told us that people accessed care through self-referral, or via referral from another healthcare professional. People could pay for care directly or through appropriate medical insurance plans. The registered manager told us that people had access to experienced clinical staff based on their needs. This included psychiatrists and psychologists with a range of special clinical interests. We saw evidence that the clinicians referred people to external healthcare professionals if the relevant expertise was unavailable at the service. This meant that people received care appropriate to their needs from suitably qualified staff.

We spoke with clinical staff who told us that most people who attended the service were first assessed by a consultant psychiatrist to determine their needs. If appropriate, a person could be referred to a psychologist for certain therapies. We spoke with a clinical psychologist who told us that in some cases, people may be seen directly by a psychologist if there psychological problem was urgent or this was more appropriate for their care. Allowing flexibility in care practices meant that people received care from the right professional at the right time.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that the service had an up to date policy on care standards that supported staff to assess and consider people's physical, emotional and social needs during mental health consultations. The service promoted people's safety by requesting that risk assessments were conducted and reviewed during every consultation. This meant that staff were aware of personal and environmental issues that could impact on a person's health and subsequent treatment.

At the time of our inspection, people were attending scheduled appointments at the service. We asked to speak to them about their care experience but they did not consent to this. We looked at 12 patient feedback forms recently collected by the provider to find out what people thought of the service. All the respondents were positive about their care experience. One person wrote "The clinic is great. Everybody is so friendly and polite." Another person commented "I cannot fault the care you have given me. I feel so much better with every visit."

We looked at four care records for people who used the service and found that important information about past physical and mental health conditions, drug allergies and current medicines were documented in all cases. This reduced the potential for adverse care events to occur as clinicians had considered all aspects of people's lives. We found clear treatment plans documented during every consultation. Clinical staff told us that each person's care progress was evaluated at every visit and treatment plans altered accordingly.

There were arrangements in place to deal with foreseeable emergencies. The provider had an up to date policy on emergency situations and urgent hospital transfer. This detailed how to organise the hospital admission of a person who used the service due to mental health deterioration. Clinical staff we spoke with told us that it was uncommon to admit people who used the service for inpatient care but it did happen occasionally. We found staff to be knowledgeable about the procedure to follow and about what local hospitals the service had clinical links with.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment. Clinical staff we spoke with told us that people who used the service commonly had mild or moderate mental health or psychological conditions. Sometimes underlying physical health issues impacted on people's mental wellbeing and vice versa. This often meant that other health care professionals, particularly people's General Practitioner's (GP's), were important in monitoring and organising some aspects of care. We saw that the service had an up to date policy on the co-ordination of services. This provided staff with information on how to and when to share confidential information with other professionals.

Co-operation did not always involve just other health care providers. Administrative staff told us that some people who used the service had their care paid for by private medical insurance companies. Before agreeing to issue payment, insurance companies often requested a medical report from the provider for the person concerned. We saw two reports that had been issued to medical insurance companies. They provided the clinical diagnosis and recommended therapies but did not include sensitive information irrelevant to the payment decision that had been discussed by the person who used the service and the clinician.

We looked at four care records and saw evidence that the service sent regular written reports to the GP's of people who used the service if the person concerned consented to this. This meant that there was a formal communication process between the provider and people's regular doctor to safeguard wellbeing. We saw evidence that these reports contained important information about changes to prescribed medicines, requests for physical health investigations, and a general update on the person's mental health.

The service ensured that people who did not consent to their GP being contacted were not disadvantaged if they required further investigations. The provider worked in co-operation with private diagnostic companies to arrange blood and scanning tests as required. We saw evidence that results of these tests were available to clinical staff at the service within 24 hours of being completed. This meant that the provider had working partnerships in

place to ensure people's physical safety.

We saw that a number of clinical staff provided care at the service. This included a range of psychiatrists and psychologists. Despite working within the same location, the provider adhered to good medical practice by using internal referral letters when people's health needs required input from another clinician at the service. Two of the four care records we looked at contained copies of internal referral letters that psychiatrists had sent to psychologists at the service. This ensured that clinical information used to shape people's care was shared between staff as required.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Non-clinical administrative staff received appropriate professional development. We spoke with the lead administrator who told us that there was a programme of internal staff development in place. This included practical sessions on the paper and electronic filing systems at the service, and administration of the prescribing software used. We looked at training records for permanent non-clinical staff and saw that all staff were up to date with the training programme.

We asked to see appraisal records for non-clinical staff. We were told that one member of the administrative team had undergone their annual appraisal recently but the record had not yet been typed up and signed by the person concerned and the registered manager. We saw evidence that the appraisal had taken place and looked at the informal notes that had been made during the appraisal meeting. The lead administrator told us that the appraisals of two other members of the non-clinical team were due to be conducted shortly. We spoke with the registered manager about writing up the appraisal paperwork and were informed that the non-clinical administrative team had recently been restructured and this had led to a delay.

Clinical staff worked at the service on a sessional basis and continued to work clinically for other independent or National Health Service (NHS) organisations. We spoke with two clinicians, a psychiatrist and a psychologist, who told us that they undertook continuing professional development external to the provider in order to maintain registration with the General Medical Council (GMC) and the Health and Care Professions Council (HCPC). This was because the majority of their working time was spent in other clinical roles outside of the service. We asked about training on safeguarding adults and children. Clinical staff told us that they received this training as part of their other clinical roles and transferred the skills to the service. They had provided details of the current year's training to the Registered Manager.

We asked to see a record of the training undertaken by clinicians external to the service that impacted on their clinical practice at the service. The provider may find it useful to note that there was no record of what continuing professional development clinical staff had undertaken in this capacity despite its relevance to the service.

The provider had worked to improve standards of care by creating an environment where clinical excellence could do well. Clinical staff told us that they attended regular meetings every two months where the team could discuss clinical issues and information likely to impact on the care of people who used the service. We looked at minutes of the meetings and saw that clinical cases that provided learning points for staff were discussed.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and these were acted upon. We looked at 12 patient feedback cards that had been collected by the service over the previous year. Most people were satisfied with the quality of care they had received and the facilities they had access to. One person commented about the dress code for staff and we saw evidence that the Registered Manager communicated the importance of personal presentation to the team.

The lead administrator told us that regular audit of the service was conducted. We looked at the two audits that had been conducted over the previous year. One assessed the number, type, and reason for referral of people who used the service to other clinical providers. The second audit assessed the number of hospital admissions and length of hospital stay for people who used the service. We saw evidence that the provider analysed the data collected to assess if more could be done to meet any unmet needs of people who used the service. Regular audit meant that quality of care was monitored and that the service was changed if required to improve standards.

The service kept an untoward incident log to record details of clinical and organisational issues that impacted on safety. We asked to see the log and found that the provider regularly reviewed the content, identified training needs, and communicated this to staff. We saw evidence that a prescription printing error had led to the wrong medicine being dispensed to a person who used the service by a pharmacy. No harm came to the person but the provider reviewed the events that led to the prescription error and changed prescribing practice requesting that clinicians write prescriptions by hand or only use the electronic system after training. This showed that the service monitored quality issues and altered practice to maintain safety standards.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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