

Health & Wellbeing Scrutiny Meeting – March 2017

Care Quality Commission Comprehensive Inspection 2016

Introduction/Background

Following the Care Quality Commission (CQC) comprehensive inspection in March 2015 the CQC subsequently re-inspected the Trust in November 2016 and published their findings across sixteen reports on February 8th 2017.

Aim

This paper outlines in summary the CQC's key findings and the Trust's initial response ahead of the production of a full action plan.

Recommendations

- Receive the update provided

Discussion

The CQC Comprehensive Inspection commenced on 14th November 2016, followed by initial verbal feedback on Friday 18th November 2016.

Before, during and after the inspection CQC made a number of formal requests for Information:

	2015	2016
Pre-Inspection Request 1	11	14
Pre-Inspection Request 2	17	56
Inspection Enquiries	85	278
		(at 30/11/2016)

The November 2016 inspection consisted of 86 inspectors across four teams – Community Health Service, End of Life, Mental Health – community and Inpatient. CQC inspectors visited in excess of 79 wards, teams and services, inspecting the same 15 “Core Services” as they did in 2015.

During the inspection week CQC facilitated 16 focus groups with our staff, asking their opinion on such things as safety, culture, leadership and Trust values, as well as asking them what had changed in the Trust since the 2015 inspection.

Inspectors reviewed 267 care records during the inspection, which included over 114 medication cards, spoke with 236 patients and 88 carers and family members, and attended 19 multidisciplinary meetings, nine handover meetings and four community meetings. CQC observed community treatment appointments, home visits and six clinics.

CQC also held 36 formal interviews with clinical leads, heads of clinical and corporate services as well as Directors. In total CQC interviewed more than 499 members of staff.

There was significant scrutiny on the Mental Health Act with two reviewers based on the Bradgate wards for most of the week, with a whole day spent in the MHA Office reviewing records.

At the feedback meeting on Friday November 18th CQC were very positive about our staff, noting the warm welcome received across the Trust. CQC commented that there is evidence of much positive practice across the Trust, and it was clear that much had been done since the 2015 inspection, and there had been a lot of hard work.

CQC recognised that all staff across the Trust were very busy and working under a lot of pressure, they noted this from ward staff to administrators and domestic staff, right up to the senior leadership of the Trust.

The CQC published 15 Core Service Reports, plus the overall provider-level report on Wednesday February 8th 2016 ahead of a Quality Summit, hosted by NHS Improvement and attended by a number of commissioners and stakeholders on February 16th 2017.

The CQC identified many 'good' areas within our practice and services; we are particularly proud of the 'outstanding' rating we have received for the care we provide children, young people and families in the community. Their report highlights the progress and improvements we have made in many areas across our services since the previous inspection in March 2015, including a 'good' rating for our CAMHS inpatient ward and an appreciation of the progress we have made in our adult mental health services. However, they have highlighted some areas for improvement, resulting in a '**Requires Improvement**' rating overall.

Although disappointing, the CQC overall rating is considered a fair assessment of the improvement journey we are on as a Trust and we remain confident that we are moving in the right direction.

The CQC inspected our services against five domains: safe, effective, caring, responsive and well led. They rated our Trust as 'good' for caring, and as 'requires improvement' for responsive, effective, well led and safety:

	<i>Safe</i>	<i>Effective</i>	<i>Caring</i>	<i>Responsive</i>	<i>Well-Led</i>	<i>Overall</i>
<i>Community health inpatient services</i>	Yellow	Yellow	Green	Green	Yellow	Yellow
<i>Child and Adolescent Mental Health Wards</i>	Green	Green	Green	Green	Green	Green
<i>Community based services for People with Learning Disabilities or Autism</i>	Green	Green	Green	Yellow	Green	Green
<i>Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units</i>	Yellow	Yellow	Green	Red	Yellow	Yellow
<i>Forensic Inpatient/Secure Wards</i>	Green	Yellow	Green	Green	Green	Green
<i>Community based Mental Health Services for Adults of Working Age</i>	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Community based Mental Health Services for Older People</i>	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Long stay/Rehabilitation Mental Health wards for working age adults</i>	Yellow	Yellow	Green	Yellow	Yellow	Yellow
<i>Community Health Services for Children, Young People and Families</i>	Green	Green	Blue	Green	Green	Green
<i>Community Health Services for Adults</i>	Green	Green	Green	Yellow	Yellow	Yellow
<i>Wards for People with Learning Disabilities or Autism</i>	Yellow	Yellow	Green	Green	Yellow	Yellow
<i>Mental Health Crisis Services and Health based places of safety</i>	Yellow	Yellow	Green	Yellow	Yellow	Yellow
<i>Specialist Community Mental Health Services for Children and Young people</i>	Red	Yellow	Green	Red	Yellow	Red
<i>Wards for Older People with mental health problems</i>	Green	Yellow	Green	Green	Green	Green
<i>Community End of Life Care</i>	Green	Yellow	Green	Green	Green	Green
LPT – Overall Provider Ratings	Yellow	Yellow	Green	Yellow	Yellow	Yellow

Highlights

- The Trust has been recognised as ‘good’ in the ‘caring’ domain. The CQC observed that nursing staff act in a caring and respectful manner; that patients were positive about their care and treatment and that they felt safe on our wards.
- The community families, young people and children service has been rated as ‘outstanding’ for ‘caring’ due to our innovative tools for engaging children and families, and the consistently positive feedback.
- CQC noted the Trusts open and honest culture, and our staff engagement and morale. The report highlights a ‘maturing safety culture’, our ‘well-developed audits to monitor the quality of services’ and ‘effective safeguarding processes’.
- The report recognises that the Trust has strengthened processes in relation to the Mental Health Act, which was previously identified for improvement.
- Improved safety at Bradgate mental health unit, at Herschel Prins, and in our end of life care services
- Patients, service users and carers were positive about their care and treatment

Ratings have improved since the 2015 inspection to ‘good’ for some services: children’s mental health inpatient ward, end of life care, secure inpatient mental health ward; and we have retained a ‘good’ rating for our children’s community services, older people’s wards for mental health, and community learning disability services.

While the Trust has made good progress in the eighteen months since the 2015 inspection, there is still more to do. The CQC report has identified a number of areas for further focus:

- Continuing to improve the safety of ward environments
- Reduce reliance on bank and agency staff to reach the required numbers of staff needed on wards
- Reduce out of area mental health placements
- Reduce long waiting times for patients to access their treatment
- Improve staff understanding of the Mental Capacity Act
- Improve our mental health Place of Safety
- Greater involvement of patients in care planning

CQC noted that waiting lists from assessment to treatment are too long for our community child and adolescence mental health service resulting in an ‘inadequate’ rating for responsiveness and safety.

The Trust is working with commissioners to identify new ways of working to improve our community CAMHS services and will be urgently reviewing with all partners how this can be achieved by holding a CAHMS summit in the near future.

The CQC has highlighted several areas of outstanding practice including our mental health street triage scheme in partnership with the police, our new digital app for younger people with early onset dementia, our use of web apps and social media to engage children and young

people, our co-design project with patients with learning disabilities to improve our services for them, and the partnership work between our intensive community support service and the local authority's home care assessment enablement team (HART).

Conclusion

This paper provides an overview of the November 2016 CQC inspection. A detailed action plan will be provided to the Trust Board following agreement with the CQC. A task and finish group will be established to internally govern the delivery process of the required improvements and will have a Non-Executive Director as a full member of the group to ensure there is a direct connection with the Trust Board and provide assurance that systems and processes are in place to respond to the CQC inspection.

Dr Peter Miller