

Contract Quality & Performance Meeting	Date:	12 January 2016
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Agenda item	Title	Executive Director lead	Report author and presenter
QS/15/115.1	Bristol Community Services Care Quality Commission Inspection and Quality Improvement	Andrew Dean, Director of Nursing and Quality	Rebecca Eastley CQC Programme Lead

This report is for:

Decision	
Discussion	
To Note	X

History

None

The following impacts have been identified and assessed within this report

Equality	
Quality	X
Privacy	

Executive summary of key issues

This paper summarises the results of the unannounced Care Quality Commission inspection of the Bristol Crisis service, and the three Assessment and Recovery Teams, conducted 7 and 8 December 2015, and progress on achieving the required improvements.

The CQC found evidence that healthcare provision required significant improvement because:

1. Care and treatment was not always provided in a timely way.
2. There was a lack of safe care and treatment.
3. There was a lack of governance systems in place to manage the quality and effectiveness of the service.
4. Staff providing care to patients did not always have the competence or experience to provide care safely.
5. Staff did not always take steps to safeguard patients from abuse.
6. The premises and equipment were not suitable at Brookland Hall and the Greenway Centre

A Section 29A Warning Notice requiring significant improvement to be made in the above areas was served 31 December 2015.

A support team for Bristol has been appointed to work with the Bristol management team to address the immediate concerns. The substantive triumvirate will develop plans to address longer term issues of culture, engagement and sustainability.

This report addresses these strategic priorities:

We will deliver the best care	X
We will support and develop our staff	
We will continually improve what we do	X
We will use our resources wisely	
We will be future focussed	

CQC Inspection Bristol

The Care Quality Commission (CQC) undertook an unannounced inspection in Bristol, 7 and 8 December 2015. This was a responsive inspection due to concerns raised by whistleblowing, commissioners and a staff grievance. Inspectors visited the Bristol crisis team and the three Assessment and Recovery teams and interviewed a wide range of staff from clinical and corporate services. Electronic patient records were audited and data from a number of sources examined.

1.1 Verbal Feedback

Verbal feedback was received 17 December 2015. We were informed that the CQC were still triangulating data but had identified the following regulating breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 9 Person Centred Care

Regulation 12 Safe Care & Treatment

Regulation 13 Safeguarding service users from abuse and improper treatment

Regulation 17 Good Governance

Regulation 18 Staffing

1.2 CQC Enforcement Powers

The Care Quality Commission (CQC) has powers of enforcement under the Health and Social Care Act 2008, as amended by the Care Act 2014, in order to achieve improvement in health and adult social care services and to protect the health, safety and welfare of service users.

The CQC may take enforcement against a provider for breaches of the Health and Social Care Act 2008, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the Care Quality Commission (Registration) Regulations 2009 or any other relevant legal requirement.

Where improvement is required, the CQC may issue Requirement Notices, Warning Notices, or Section 29A Warning Notices. Section 29 A Warning Notices only apply to NHS Trusts and are issued when significant improvement is required.

1.3 Section 29A Warning Notice

The inspection team met with their legal advisors 21 December 2015. We were informed verbally 22nd December 2015 that a Section 29A Warning Notice would be issued.

The notice under Section 29A of the Health and Social Care Act 2008 was served to Avon and Wiltshire Mental Health Partnership Trust 31 December 2015. This notified the trust that significant improvement in the quality of healthcare provided was required.

Evidence from six areas of concern was reported.

1.2.1 Care and treatment was not always provided in a timely way.

Over 500 people were awaiting an initial assessment. 49% people waiting for assessment by the North Bristol Assessment and Recovery team had been waiting over 4 weeks and 39% of the people waiting for assessment by the Central and East Bristol Assessment and Recovery team had been waiting over 4 weeks.

There was no effective referral management system in place to ensure patients were not lost in the system.

1.2.2 There was a lack of safe care and treatment.

A review of electronic care records across the four services found that not all patients had up to date care plans or risk assessments. 25 care records of people under the care of the crisis service were reviewed. Of these 12 had no risk assessments and 12 had no care plans.

76 care records from the South, and Central and East Assessment and Recovery teams were reviewed. Some care plans related to previous episodes of care, or had been completed by different teams and not updated to reflect current needs. 10 had no care plans at all.

1.2.3 There was a lack of governance systems in place to manage the quality and effectiveness of the service.

The lack of an operational policy meant there was no clear framework for service

delivery. There was no evidence of plans to address the acknowledged performance and quality issues “in a strategic, coordinated, planned and organised way”.

Staff engagement action plans did not have measurable outcomes.

12 serious incidents were reviewed. In five of these incidents there were issues with either care planning and/or risk assessment. Learning was identified from these. However, there was no evidence that this had led to improvements in care planning and risk assessment processes.

The results of the teams’ record management audit did not correlate with the inspection findings.

There was no effective system in place to track safeguarding referrals.

1.2.4 Staff providing care to patients did not always have the competence or experience to provide care safely.

There has been a high turnover of recovery navigators (30% Second Step recovery navigators since October 2014) and none of the Assessment and Recovery teams had achieved the planned number of 25.

At the time of the inspection there was no community service manager in post and no team manager for the Central and East Assessment and Recovery team.

50 staff across the assessment and recovery teams were interviewed. “All staff expressed concerns about staffing levels and staff turnover”.

Registered nursing staff across the assessment and recovery teams “all expressed concerns about the new model. They identified problems with caseloads, premises being inadequate and the turnover of recovery navigators”.

There was evidence that Recovery Navigators were undertaking tasks they did not have the skills to do.

1.2.5 Staff did not always take steps to safeguard patients from abuse

The inspectors found that some patients should have had a referral to the local authority safeguarding vulnerable adult team

or to local children’s services but no action had been taken, or referral had not been timely.

1.2.6 The premises and equipment were not suitable at Brookland Hall and the Greenway Centre.

Premises at Brookland Hall were overcrowded with insufficient IT availability. Staff had no space to work quietly.

Connectivity for laptops was poor.

The waiting area for patients at the Greenway Centre is shared and patients have complained about the potential lack of confidentiality.

1.4 Requirements

The Trust is required to make the significant improvements to the quality of care identified above.

The Trust is required to undertake an immediate review of the services’ waiting lists and case load ensuring all patients are allocated to a care coordinator.

The Trust is required to develop a system to ensure all referrals are tracked and followed up to ensure patients are not forgotten. This should be completed by 1 February 2016.

The trust is required to provide CQC with information on the plans to undertake this.

A comprehensive review of the governance, assessment and care planning in the service should be completed by 16 May 2016.

1.5 Support team

The AWP executive team have agreed with the Bristol triumvirate to provide an additional support team which will enable rapid improvements to be made.

The support team started work in Bristol 6 January.

1.5.1 Action Plans

Eight work-streams have been established to address the CQC requirements for improvement:

- Timely Care & Treatment
- Safe Care & Treatment
- Governance Systems

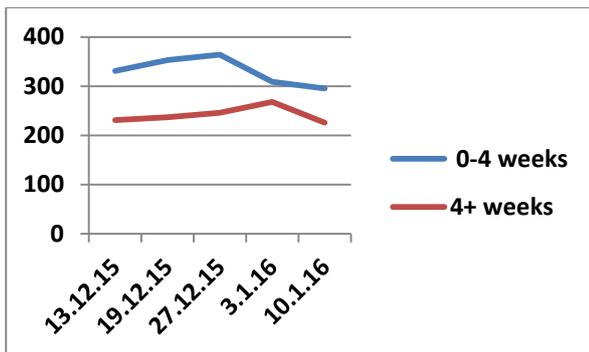
- Staffing, Skill-mix & Competencies
- Safeguarding
- Estates & IT
- Training
- Communication

To date 66 action plans have been created and will be monitored through the Gemini programme management tool.

1.5.2 Progress on waiting times

A system to monitor referrals has been set up for the Central and East Assessment Recovery Team and all service users from this team who have been waiting over four weeks now have an appointment to be assessed by 31st January 2016. This system will be set up for the other assessment and recovery teams starting in North Bristol this week.

The number of people who have been waiting for an assessment over four weeks has started to reduce.



Outcomes of referrals indicate that only 7% to 13% service users referred to Bristol Assessment and Recovery Teams are taken on by BMH. A more effective clinical triage system, with signposting and advice is therefore required and being implemented.

Work is being undertaken to reduce the DNA rate to improve use of resources.

1.6 Reporting

The support team will be reporting twice weekly to the Executive Team, and the Gemini programme management system will be updated in real time.