

'You matter, we care'

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| Trust Board Meeting (Part 1) | Date: 30 th April 2014 |
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| Title: | Briefing on the Impending Inspection by the Care Quality Commission |
| Item: | BD/14/015 |

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| Executive Director lead and presenter | Interim Director of Nursing and Quality |
| Report author(s) | Acting Deputy Director of Nursing and Quality |

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| History: | <i>CQC Inspection Project Group</i> |
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| This report is for: | |
|---------------------|---|
| Decision | |
| Discussion | |
| To Note | X |

| The following impacts have been identified and assessed in relation to this report: | |
|---|--|
| Equality | |
| Quality | |
| Privacy | |

| Executive Summary of key issues |
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| <p>The purpose of this report is to brief the Trust Board on the preparations for the Chief Hospital Inspector at the Care Quality Commission (CQC).</p> <p>Robust structures have been put in place addressing eight different work streams.</p> <p><i>The Project lead has identified three top risks which are consistent with the concerns identified with CQC . These include: Staffing (Community Teams, Caseloads and Sycamore Ward).</i></p> |

| This report addresses these Strategic Priorities: | |
|---|---|
| We will deliver the best care | X |
| We will support and develop our staff | X |
| We will continually improve what we do | X |
| We will use our resources wisely | X |
| We will be future focussed | X |

1. Introduction

The purpose of this report is to brief the Trust Board on the preparations for the inspection by the Care Quality Commission (CQC).

2. Background

The CQC had indicated their intention to visit the Trust commencing 9 June 2014 to undertake an independent inspection. We are being inspected as part of the second wave of mental health inspections. The inspection will cover the five domains:

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

We are expecting an inspection team consisting of 50-70 CQC inspectors, doctors, nurses, other professional health experts and service users, known as 'Experts by Experience'. They will begin inspecting in-patient and community services across all localities. They will speak with staff individually and will hold group discussions with staff, service users, carers and the public generally.

The results from the first wave of Trusts to be inspected by the Chief Inspector of Hospitals has recently been published. A number of negative findings were identified and have resulted in compliance actions. Coventry and Warwick received nine Compliance Actions and three Enforcement Notices. The Outcome of the inspection in Devon Partnership NHS Trust resulted in three Enforcement Actions and 16 Compliance Actions.

The CQC inspection will focus on checking whether our services are safe, effective, caring, well led and responsive. Passing this inspection is an essential step towards the Monitor assessment phase which would enable us to become a Foundation Trust.

The Trust has a number of open compliance actions as a result of previous inspections. (table 1). The Trust will need to demonstrate evidence of compliance with these standards and this will be tested during the inspection.

Table 1. Outstanding Compliance Notices

| Date and type of inspection | Location visited | Quality and Safety Outcome not met | CQC judgement (by level of impact on service users) |
|---|---|---|--|
| September 2013 Routine | Victoria Centre Swindon | Staffing - There were not enough qualified, skilled and experienced staff to meet people's needs | Minor impact - Provider told to take action |
| October 2013 Routine | Fromeside (Bradley Brook and Teign Wards) | Safety & suitability of premises - People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. | Minor impact - Provider told to take action |
| | | Records - People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. | Minor impact - Provider told to take action |
| November 2013 Routine | Hill View Lodge Bath (Sycamore Ward) | Respecting and involving people - People's privacy and dignity were not adequately protected. There was inadequate evidence that people's views were taken into account in the way the service was provided in relation to their care. | Minor impact - Provider told to take action |
| | | Meeting nutritional needs - People were not protected from the risks of inadequate nutrition and hydration. | Minor impact - Provider told to take action |
| | | Safety and suitability of premises - People who used the service were not protected against the risks of unsuitable premises. | Minor impact - Provider told to take action |
| | | Staffing - There were not enough qualified, skilled and experienced staff to meet people's needs. | Minor impact - Provider told to take action |
| | | Records - People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. | Moderate impact Provider told to take action |
| January – February 2014 Follow up from previous inspection | Community Services (Recovery Teams) | Care and welfare - Care and treatment was not consistently delivered to ensure people's safety and welfare. | Minor impact - Provider told to take action |
| | | Staffing - There were not enough qualified, skilled and experienced staff to meet people's needs. | Minor impact - Provider told to take action |
| February 2014 Responsive review | Callington Road Hospital | Assessing and monitoring quality - The provider did not have an effective system to identify, assess and manage risks to the health, safety and welfare of people who use services and others. | Minor impact - Provider told to take action |
| | | Records - People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. | Minor impact - Provider told to take action |

3. CQC Inspection Project Group

A CQC Inspection Project Group has been established under the leadership of the Acting Deputy Director of Nursing. The project group meets weekly and is co-ordinating various work-streams, including:

- Ensuring the completion of actions from previous hospital inspections reports.
- Ensuring the completion of actions resulting from the Trust Development Agency (TDA) Quality visit in January 2014.
- Addressing the compliance issues identified in CQC Inspections of other NHS Mental Health Trusts
- Staff communication strategies
- Organisation Preparedness
- Logistics
- Mock inspections
- Learning from other organisation's experiences of inspection.

Membership includes a range of corporate leads as well as Heads of Professional and Practice from each service. Progress is reported to and monitored by the Senior Management Team.

Risks to compliance are identified through the work of the Steering Group will be reflected on the relevant Locality risk register. The project lead has identified the following risk that may prevent a successful inspection. Table 2:

| Risk | Issue | Actions |
|------|----------------------|---|
| 1 | Staffing (Community) | Each Locality has to complete the Action Plan from the most recent inspection. N&Q will undertake mock inspection in May 2014 to assess compliance |
| 2 | Caseloads | Each Locality has to complete the Action Plan from the most recent inspection. N&Q will undertake mock inspection in May 2014 to assess compliance |
| 3 | Sycamore Ward | Internal 360 Review being undertaken. RCAs being undertaken into recent incidents |
| 4 | Preparation Capacity | Additional staff identified to undertake mock inspections. Project Lead to brief Executive Team weekly on capacity |

The Trust is fortunate to have a number of staff who have participated in inspections of other hospitals and this has provided a valuable learning resource. Additionally, a meeting with the Lead Inspector is planned in order to determine clearly their expectations and so that we can support them to achieve their goals in the most efficient and helpful way. The Board will be briefed by Mike Tutt a Non Executive Director from Solent Trust on April 30th, 2014.

4. Conclusion

A robust structure has been put in place in order to co-ordinate all aspects of the inspection and engage all leaders. At the time of writing this report, two meetings have been held with good progress being achieved. Staff awareness of the inspection is felt to be high, however the key message being conveyed is that it is “business as usual”.