
Health and Adult Social Care Scrutiny Committee – 16 July 2014

Dudley and Walsall Mental Health Partnership NHS Trust – CQC Assessment Outcome Update Report

1.0 Purpose of Report

To inform the committee on the outcome of the recent Care Quality Commission (CQC) Assessment report of Dudley and Walsall Mental Health Partnership NHS Trust (DWMH) and of the actions that have been undertaken by the Trust to ensure full compliance with the CQC requirements.

2.0 Background

Following the recent Francis, Winterbourne and Keogh reviews, the CQC has made significant changes to the way they inspect and regulate Health and Social Care services. The recently published CQC strategy 2013-16 aims to transform the assessment into a more in-depth and joined-up approach for the review, registration and regulation of Health and Social Care Services.

The new CQC strategy identifies eight key priorities:

- **Appointing Chief Inspectors** – Hospitals – Professor Mike Richards (Supported by 8 Heads of Hospital Inspections), Adult Social Care – Andrea Sutcliffe, GP and Primary Care – Professor Steve Field
- **Changing the way they inspect NHS hospitals** by focusing on the following five key questions:
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they well led?
 - Are they responsive to people's needs?

National teams with relevant expertise will carry out these inspections which will now occur over a number of days or weeks. One element which can trigger inspections is the Intelligent Monitoring Report which replaces the CQC Quality Risk profile which is aiming to contain much more up to date and varied sources of intelligence.

- **Responding more quickly to services that are failing** – using data, intelligence and evidence in a more sophisticated and transparent way.

Also using feedback including complaints and from local organisations e.g. Healthwatch.

- **Improving understanding of how different care systems work together** – by carrying out two themed inspections – looking at dementia care and care when people move between services. Also a ‘thematic probe’ into inductions for Healthcare Assistants (HCAs)
- **Work better with other partners and regulators** – sharing intelligence and co-ordinating inspections and joint activities; especially with Monitor, NHS Trust Development Authority, NHS England, the Healthwatch network and local Councils.
- **Publish ratings of hospital services** to improve transparency and help the public to make informed choices about their care
- **More rigorous tests for organisations applying to provide care** – making sure named directors and managers commit to meeting standards and are tested on their ability to do so beginning initially with organisations that provide learning disability services
- **Building a high performing organisation** – improved training and development for their staff and better tools and information for them to do their jobs

As part of this new inspection regime, Dudley and Walsall Mental Health Partnership NHS Trust was selected as a pilot site for the new CQC Assessment process. The new process was designed to be much more collaborative and involved the CQC hearing feedback from a range of stakeholders, including both Dudley and Walsall Local Authorities.

Prior to the assessment, a detailed preparation plan was implemented, which included undertaking significant communications and engagement processes to help ensure that Trust staff and other key stakeholders knew what to expect (as far as possible) and how they could contribute to the assessment process.

The Trust was informed that Monitor would use the outcome of the assessments to determine whether the Trust is able to continue with its Foundation Trust application.

3. Inspection Methodology

Early in 2014, the CQC inspection team started their assessment of the Trust, reviewing a very wide range of information from a number of sources, including:

- Reviews of documentation including policies and processes, strategies, papers from the Trust Board and other Committees.

- Healthwatch Dudley were asked to facilitate a ‘listening event’ to enable the CQC to gather independent, ‘first hand’ experiences from people who had used Trust services.
- A public meeting was held, along with media releases to encourage people with feedback about the Trust to contact the CQC.
- The team interviewed key stakeholders, including both Dudley and Walsall Local Authorities.
- The inspection team (consisting of more than 50 individuals) were on-site at the Trust during late February 2014. The team interviewed clinicians and managers, met with key staff from the Trust, spoke with service users and carers, and undertook a range of both planned and unannounced visits to Trust wards and team bases.

4.0 CQC Assessment Outcome / Findings

The final report of the inspection of the Trust was published by the CQC on 14th May 2014. Links to the report can be found on the Trust’s website www.dwmh.nhs.uk.

Overall, the outcome of the assessment was very positive, with excellent findings such as ‘staff treating service users as people’ and ‘staff are passionate about the care they provide’. The Trust’s Safeguarding and Governance processes were also highly commended by the CQC, as was the quality of the Trust’s non-Executive Directors. The Trust was commended for its involvement of Service Users and Carers in improving services, and for the robust ‘learning lessons’ processes following untoward incidents. The assessment team noted that communication between clinical teams was comprehensive.

The report also highlighted some areas for improvement. These included three compliance notices – these are mildest level of enforcement action which can be placed on a Trust. The Trust took immediate action to address these important areas, as follows:

4.1 – Compliance Notice 1

Regulation 17 – Ensuring the dignity, privacy and independence of service users – This concern was in specific relation to:

“People’s privacy and dignity was not respected because the separate toilets for male and female patients were not easily identifiable. We saw male patients using female toilets and vice versa and staff did not intervene. We saw male patients using toilets and not closing the doors, these toilets were in the communal areas of the ward and could be directly viewed.

We saw that each bedroom had a commode placed in there at night. Staff told us that the need for commodes was never assessed. This meant that the person’s previous level of function was not always acknowledged and respected and their previous routines and independence were not always promoted.

We found that people's privacy and dignity was not respected because men had to walk through the female bedroom, toilet and bathroom areas to access the communal areas of the ward."

4.2 – Action Undertaken by Trust in respect to Compliance Notice 1

All actions that were required to address these concerns have been fully implemented by the Trust – actions implemented in relation to these concerns included

- Full review of signage
- Secured the agreement of commissioners for Grasmere Ward at Dorothy Pattison Hospital to become a gender specific environment
- Specialist dementia architect survey undertaken on Holyrood ward in Bushey Fields Hospital.
- Increased staff awareness and training regarding maintaining privacy and dignity of service users
- Commodes removed and only to be utilised within bedroom areas when assessed as required as part of a person's care plan

4.3 – Compliance Notice 2

Regulation 9(1)(b)(i), 9(1)(b)(ii) and 9(1)(b)(iii)

The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of –b) the planning and delivery of care and, where appropriate, treatment in such a way as to –i) meet the service users individual needs, ii) ensure the welfare and safety of the service user iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment. This concern was in specific relation to:

"Patients were not always cared for in an environment that assured their safety and welfare. Individual patient preferences and needs were not always met because the staff did not have the knowledge and skills to meet these needs. Seclusion was seen to be practiced without following the guidance from the Mental Health Act 1983 Code of Practice"

4.4 Action Undertaken by Trust in respect to Compliance Notice 2

All actions that were required to address these concerns have been fully implemented by the Trust – actions implemented in relation to these concerns included:

- Address the immediate environmental risks identified by the CQC including the removal of swipe card access on corridor doors and ensuring that appropriate signage is in place.
- Commissioning an independent mental health specialist architects assessment of the Holyrood Ward environment.
- Designing and implementing a staff training plan, based on a training needs analysis, in respect to “Behaviours that Challenge”
- To ensure the Trust has robust reporting and monitoring processes in place regarding use of restrictive practice, and develop a restrictive practice policy to ensure that Trust has clearly defined processes in line with the MHA Code of Practice 1983.

4.5 Compliance Notice 3

Regulation 10(1)(b)

The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to – b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. This concern was in specific relation to:

- *An effective system was not in place to enable patients to summon assistance in the event of an emergency. This risk had not been adequately managed on Holyrood ward. There was no effective system in place to ensure that staff could summon assistance in the event of an emergency where they or others were at risk of harm. Patients could not be assured that risks were managed in accordance with the least restrictive principle.*

4.5 Action Undertaken by Trust in respect to Compliance Notice 3

All actions that were required to be undertaken by the Trust to address these concerns have been fully implemented by the Trust – actions implemented in relation to these concerns include:

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- Undertaking a review of Holyrood service users risk assessments and risk management plans to ensure they meet standards of best practice.
- Continuing the roll out the new FACE risk assessment tool implementation plan which includes refresher training for staff will include the formulation of person centred risk management plans
- Ensuring Holyrood Ward has local process in place which enable service user to summons assistance (this replicates a process already in operation on Malvern Ward)

- All staff on Holyrood Ward have been reissued with personal alarms.(It is also reiterated to staff in each handover that they should be wearing the alarms at all times.)
- Review of all care plans on Holyrood Ward has been undertaken to ensure they met the least restrictive practice principles

5.0 CQC 'Must, Should and Could Do Actions'

In addition to the areas highlighted above, the report identified a number of 'Must, Should and Could Do' recommendations, many of which overlap with the compliance areas.

The Trust is however taking immediate action to also fully address these additional concerns and is working closely in partnership with the CQC, its commissioners and other partner organisations to develop robust actions to fully address these areas of concern. A number of these concerns are commissioner or health economy wide actions and the Trust would welcome the support of the Overview and Scrutiny Committee in relation to addressing these areas.

6.0 Monitoring and Feedback

Following the receipt of the CQC feedback and report and in order to monitor the effectiveness of the actions described above, the Trust has established a Quality Governance Assurance Team that performs regular checks across the Trust including areas such as the environment, to ensure that all actions have been fully implemented, are effective and to ensure that compliance is maintained.

The outcomes of these checks are reported to the Trust CQC Steering Group who then report any areas of concern or good practice to the Trust Board and Governance and Quality Committee.

In the longer term, the Trust will be expanding its programme of internal quality improvement reviews to ensure that the CQC model and requirements form part of this process. By undertaking these internal reviews and assessments the Board will receive ongoing assurance as to the Trust maintaining compliance with the regulated requirements and standards.

7.0 Committee Action

Committee members are specifically asked to:

- Note the new CQC Assessment processes and inspection regime
- Be aware of the outcome of the assessment including the areas of good practice highlighted by the CQC and the 3 compliance notices.

- Gain assurance from the work already undertaken by the Trust in fully addressing the Compliance notice / areas of concerns
- Continue to support the Trust in the work undertaken to address fully the “Must, Should and Could” identified actions / areas for further improvement.

8.0 Finance

There are no direct financial implications arising from this report.

9.0 Law

All NHS Trusts and healthcare providers are required by law to meet the requirement of the Health and Social Care Act 2008

Equality Impact

The CQC Standards promote Equality and Diversity in both the services provided by the Trust and also in relation to its workforce / operating principles.

Recommendation

To note contents of report and gain assurance from the actions taken by the Trust and the findings of the CQC Assessment.

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