Surrey and Borders Partnership NHS
NHS Foundation Trust

Health Scrutiny Committee
8 January 2015

Follow up from CQC Inspection Quality Summit

Purpose of the report:
This Report updates the Committee on the outcome of our CQC inspection and the work we have undertaken to respond to their feedback.

Introduction

We participated in the pilot of the new regime CQC Inspection for mental health and people with learning disabilities Trusts during the summer. Fifty inspectors reviewed our health services with 51 services visited during the week of 7 July 2014.

A Quality Summit with key stakeholders, including members of the Committee, was held on 20 October which CQC and Monitor led. Members of the Committee attended this event. Its purpose was to share with stakeholders the feedback we had received from CQC prior to publication and discuss our action plans to address their recommendations.

Eight service reports and one Trust wide report were published on 24 October. In addition 10 of our social care homes had unannounced inspections. The reports for each of these services have been published separately as they are finalised.

Summary of the Outcome of the Inspection

Overall the health care inspection has been positive for our services and our organisation. CQC noted many good practice areas, reported that we were a well led organisation with an open culture. They said apart from one service they found staff to be treating people with kindness and respect and that staff were engaged and enjoyed working for this Trust.

The reports confirm that all 22 outstanding compliance actions from last year's health care services inspection have been completed and the two enforcement actions satisfied and lifted.

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What we are really pleased about

- Open culture
- Safe staffing
- Leadership
- Staff engagement
- Caring and respectful staff
- Many good practice initiatives noted
- Recognised as doing good work
- Positive about our equality and human rights work

Services that did really well (no compliance actions)

- Long Stay Rehabilitation
- Services for people who have learning disabilities
- Adult community based services
- Eating disorders services

Areas for improvement

However there are 11 new compliance actions from the new inspection. These are summarised below and provided in full in **Appendix A** to this Report:

Area	Areas with compliance actions	Nature of concern
Involvement and Information	Fenby Ward PICU	• Engagement • Section 2 rights
Personalised care, treatment and support *	Victoria Ward	• Tissue Viability care planning
Safeguarding and safety	Delius Ward Fenby Ward	• Seclusion • Resuscitation Equipment
Suitability of Staff *	Fenby Ward S136 at Wingfield and Fenby Ward Crisis House / Line	• Agency staff training • Safety of staff in S136 spaces • Mandatory and statutory training
Quality and Management	Trust Wide Crisis House / Line Children and Young Peoples Services (CAMHS)	• Quality Assurance processes • Crisis Line plan • Incident reporting

Social Care Outcomes

With regards our social care homes, 10 homes have been inspected and we have received final reports for seven of these and draft reports for two others with one report outstanding. The outcomes of these inspections are shown in the table below.

Service	Type	Status of Report	Fully Compliant
Courthill house, Chipstead	Residential Care Home	Published	No
Redstone House, Redhill	Residential Care Home	Published	No
Hillcroft, Epsom	Residential Care Home	Published	Yes
Sheiling, Epsom	Residential Care Home	Draft	TBC
Larkfield, Charlwood	Residential Care Home with nursing	Published	Yes
Rosewood, Charlwood	Residential Care Home with nursing	Published	Yes
Derby House, Epsom	Residential Care Home with nursing	Published	No
Ashmount, Epsom	Residential Care Home with nursing	Published	No
Jasmine House, Epsom	Adult Shirt Break service	Published	Yes
Beeches, Reigate	Children's short break service	Published	No

The Actions we have taken

We provided CQC with our action plan to address their compliance actions on 28 November 2014. We are responding separately and on time to the social care inspection reports.

We have translated all the 11 "must do" (compliance requirements) and the "should do" recommendations fedback to us into our Quality Improvement Plan (QIP).

A summary of the actions we have taken and continue to work on in response to the CQC feedback is provided in the "you said we did" document we have attached as an **Appendix B** to this paper.

Conclusions:

Our review of the recommendations from the CQC inspection suggests that whilst there are some things we need to accelerate overall our Quality Improvement Plan, if we are successful in delivering the KPI's and other outcomes described, should lead to good and outstanding services for the future.

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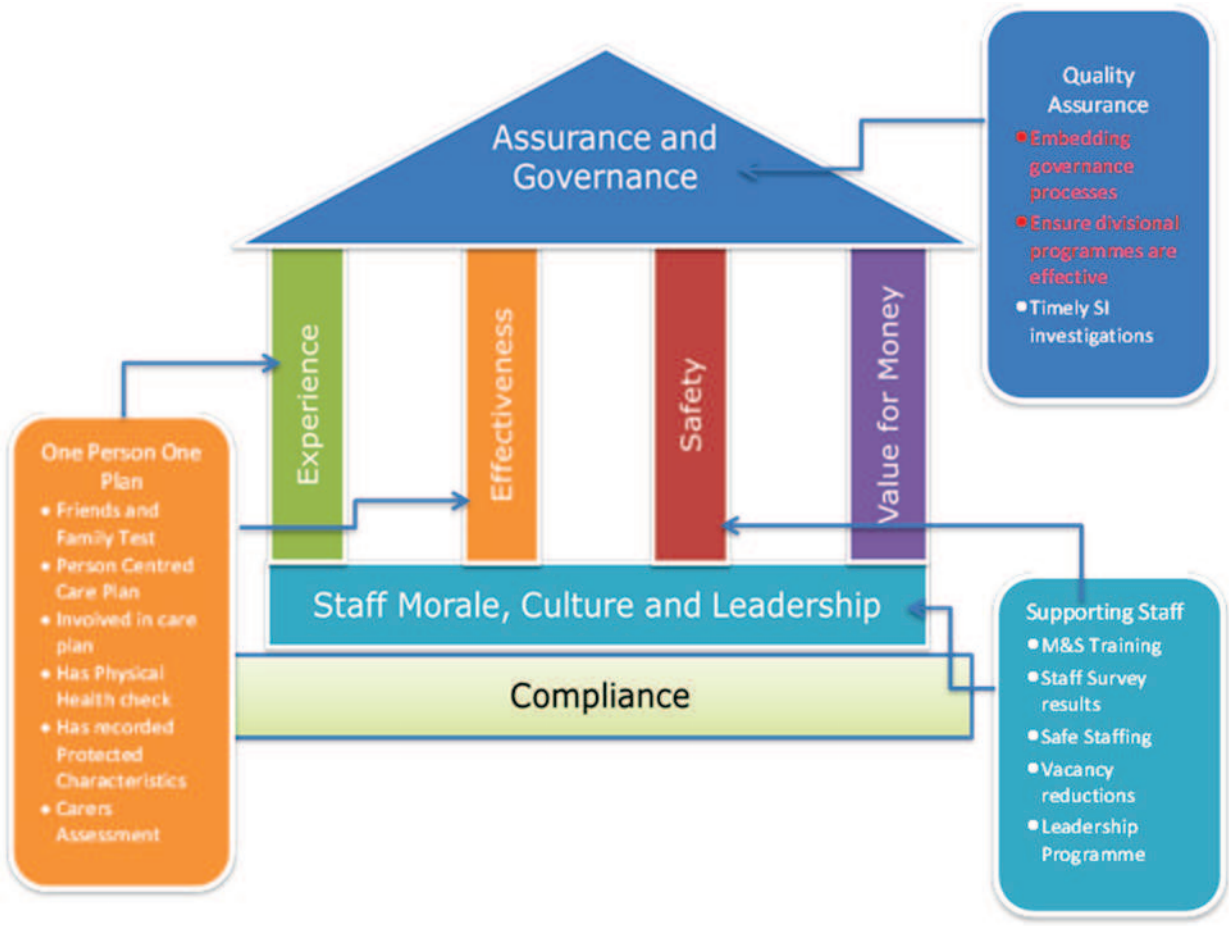

Public Health Impacts

Our role is to provide excellent treatment and care; but also, working as leaders in our communities, to promote good mental health as essential for good overall health and well-being and helping to raise awareness in order to tackle the stigma many people who use our service and their families experience.

We are increasingly shifting to focus on prevention, diagnosis and early intervention.

We aim to achieve for people **one plan** of care and support through our partnership working with others.

Everything we do aims to keep people connected, so they can live better lives.

Recommendations:

The Committee is asked to consider the outcome of our inspection and our work to improve our services; and to advise when it may wish to receive its next update on the work of our services in the future.

Next steps:

Our Quality Improvement Plan is at the heart of our work programmes to implement our Strategy and is central to our Plan for the coming year.

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Sources/background papers: The published CQC reports can be found on the CQC website http://www.cqc.org.uk/provider/RXX

Appendix A

Care Quality Commission Compliance Notices

Area	Service with compliance actions	Nature of concern	Compliance Notice
Involvement and Information	Fenby Ward PICU, Epsom	• Engagement • Section 2 rights	• The registered person must so far as reasonably practicable make suitable arrangements to treat service users with consideration and respect. The psychiatric intensive care unit must treat people with respect and engage proactively. Patients told us their needs were not attended to in a timely fashion and were consistently told to wait, with their request not always being attended to. Our observations found poor engagement levels between staff and patients. • The trust is not making arrangements to enable patients to be involved in decisions about their care and treatment by ensuring that patients detained on section 2 of the Mental Health Act are regularly informed of their rights in relation to the treatment they are receiving.
Personalised care, treatment and support *	Victoria Ward, Guildford	• Tissue Viability care planning	• The registered person had not ensured that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of carrying out of an assessment of the needs of the service user and the planning and delivery of care and, where appropriate, the treatment in such a way as to have met the service users' individual needs. They had not ensured the welfare and safety of the service user because there were not records demonstrating that skin integrity and falls risks were monitored and assessed on admission and were not identified in the management of care of people on Victoria ward. Service users on Victoria Ward had not had regular physical health monitoring checks such as weight and blood pressure checks.
Safeguarding and safety	Delius Ward Fenby Ward, Epsom	• Seclusion • Resuscitation Equipment	• On the acute wards and psychiatric intensive care unit seclusion is being used without suitable arrangements in place to protect service users against the risk of physical interventions being excessive, as the use of seclusion is not being recognised as such so its use can be correctly recorded and monitored to ensure the appropriate safeguards are in place. • The registered person must make suitable arrangements to protect service users and others who may be at risk from the

			use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is properly maintained and suitable for its purpose. The resuscitation equipment at the Mid Surrey assessment and treatment service and the psychiatric intensive care unit was not regularly monitored in line with trust policy and documentation demonstrated staff appeared unable to identify the equipment accurately.
Suitability of Staff *	Fenby Ward S136 at Wingfield, Frimley and Fenby Ward, Epsom Crisis House / Line, Reigate	• Agency staff training • Safety of staff in S136 spaces • Mandatory and statutory training	• In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Agency staff working on the psychiatric intensive care unit informed us they were regularly involved in restraining patients and had little or no training. • The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of— (a) suitable design and layout;. - The Wingfield place of safety was housed within a converted day room. There were no ensuite facilities in the suite. The entrance is via the main reception and ward area. People are able to view inside the area from the garden. There was an unlocked door through to a small corridor with 2 locked rooms from it posing a risk to staff undertaking 1-1 observations. - At the Fenby place of safety the window in the bedroom door was high up and in a position which was not easy for staff to observe through for long periods. There was no communication system in place to allow people to communicate with staff whilst in the bedroom area. To facilitate people using the toilet, staff had to enter the toilet via a door from the main area and unlock the interconnecting door. This placed the staff at risk. The doors to the bedroom, interconnecting door and toilet to main area were old and showed damage and repair. We noted the hand push plate had a sharp corner which a person could potentially injure themselves on. • The provider had not ensured that staff had received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard. Some staff in the crisis house and crisis line had not completed or refreshed their training on supporting people with challenging behaviours or basic life support.
Quality and Management	Trust Wide Crisis House/Line Children and	• Quality Assurance processes • Crisis Line plan	• The registered person must protect service users against the risk of inappropriate or unsafe care by means of an effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of services provided. The current governance processes are not clearly highlighting services in the division for older people which are not performing well such as Victoria Ward, so that improvements can take place and be closely

	Young Peoples Services (CAMHS)	• Incident reporting	monitored. The trusts internal quality assurance system (periodic service review) had not been completed in a way that identified the areas for improvement in the psychiatric intensive care unit to ensure timely improvements were put into place. • The trust had not protected service users against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users. The crisis line was still being reviewed and did not have clear recommendations in place to ensure it operated to meet the needs of people who use the service. • The registered provider had not protected people at risk of inappropriate or unsafe care. There was not an effective system to ensure that changes were made to treatment or care provided, by the analysis of incidents. Not all staff knew how to report incidents and were not made aware of the findings (CAMHS).

"Must Do's":

Assessing and Monitoring the Quality of the service
CQC said:

- The existing quality assurance processes used by the Trust must be completed accurately so they reflect the service being reviewed. The Trust must ensure it has the most appropriate quality assurance systems available so it can identify where services are not performing well so that measures can be put in place to improve these services to ensure consistently high standards of care

We did:

- Board reflection / discussion
- Reviewed Early Warning System criteria
- Developed further our risk register process
- Weekly risk meeting chaired by CEO
- Reporting to Board services in change and those receiving circle of support
- Moved resources to create post to deliver observational improvement support
- Review of divisional quality assurance processes
- Commissioning of an external governance review
- Visit to other organisations
- External Governance Review of recommendations
- Board monitoring

Safeguarding people who use services from abuse
CQC said:

- On acute wards and psychiatric intensive care units seclusion is being used without suitable arrangements in place to protect people who use services against the risk of physical interventions being excessive, as the use of seclusion is not being recognised as such so its use can be correctly recorded and monitored to ensure the appropriate safeguards are in place

We did:

- Issued immediately a Clinical Risk Alert
- Discussions with all acute inpatient teams
- Included seclusion and restraint within our mental health act training programme
- Include restraint and seclusion incidents in standard reporting
- Drafted a Positive and Safe action plan
- Implementing a Restriction Reduction Plan

- Clinical Audit to include Positive Behaviour Support plans

Safety, availability and suitability of equipment
CQC said:

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- The resuscitation equipment at the mid surrey assessment and treatment unit was not regularly monitored in line with trust policy and documentation demonstrated staff appeared unable to identify the equipment accurately.

We did:

- All missing equipment was replaced
- Immediate training and support given to teams
- New equipment checklists were provided
- Staff training programmed for basic life support
- Monthly audit of weekly checks of equipment

Respecting and Involving People who use services
CQC said:

- The PICU must treat people with respect and engage proactively. Patients told us their needs were not attended to in a timely fashion and were constantly told to wait, with their request not always being attended to. Our observations found poor engagement levels between staff and patients.

We did

- Closed to admissions
- Implemented a Circle of Support
- Stabilised the leadership team and recruited substantive Ward Manager and Matron
- Introduced weekly reflective practice, training and meaningful engagement programme for all staff
- Implemented a gradual re-opening of bed capacity using a risk based approach
- Regular observation of staff against standards
- Planning staff training
- Performance Management
- “Your views matter” being reviewed to gather and respond to peoples reported experience

Respecting and Involving People who use services
CQC said:

- The Trust is not making arrangements to enable patients to be involved in decisions about their care and treatment by ensuring that patients detained on section 2 of the mental health act are regularly informed of their rights in relation to the treatment they are receiving.

We did

- Mental Health news flash was issued
- "Rights Friday" Initiative was started
- Mental Health Act Managers have been asked to check S2 rights on service visits
- Medical Advisory Committee are to discuss this issue
- We will write to Advocates to enlist their support
- The Mental Health Act departmental will include S2 rights in their reviews
- The Mental Health Act Managers will be organised to complete a Themed review
- The acute wards will add to community meeting agenda discussion on rights once a month

Staffing
CQC said:

- Agency staff working in the PICU informed us that they were regularly involved in restraining patients and had little or no training.

We did

- Instruction to staff that they could not be used in restraint / MAYBO
- Discussion with NHSP / Assurance that temporary staff are appropriately trained
- MAYBO training to be available to temporary staff
- Assurance reports from NHSP regarding statutory and mandatory training of their workforce and their supply of agency staff

Staffing
CQC said:

- The Wingfield place of safety was housed within a converted day room. There were no ensuite facilities in the suite. The entrance is via the main reception and ward area. People are able to view inside the area from the garden. There was an unlocked door through to a small corridor with 2 locked rooms from it posing a risk to staff undertaking 1 to 1 observations
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We did

- New furniture and beds have been provided
- These environments are being reviewed and recommendations for improvements produced
- Additional dedicated staff to be allocated to places of safety rather than supplied from wards
- Timely delivery of new environments monitored through Executive Team

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Supporting Workers
CQC said:

- Some staff in the crisis house and crisis line and crisis line had not completed or refreshed their training on supporting people with challenging behaviours or basic life support.

We did

- All staff have been booked onto MAYBO training and basic life support training
- All other Statutory and Mandatory Training is to be provided
- Helpline training being provided
- Self-serve ESR
- Monthly monitoring by Electronic Staff Record
- Board and Council KPI report

Assessing and Monitoring the Quality of the service
CQC said:

- The crisis line was still being reviewed and did not have a clear recommendations in place to ensure it operated to meet the needs of people who use the service

We did

- Increased support for the staff provided
- Circle of support set up
- Reflective Practice group implemented
- Helpline Training being provided
- Recording of calls and feedback session with live supervision for staff is taking place regularly now
- Crisis Line review is being progresses as part of Crisis Concordant
- Assurance Reporting to Quality Committee
- Call monitoring and call activity reports

Care and Welfare
CQC said:

- They had not ensured the welfare and safety of the people who use services because there were no records demonstrating that skin integrity and falls risk were monitored and assessed on admission and were not identified in management of care of people on Victoria Ward.

- People who use services on Victoria ward had not had regular physical health monitoring checks such as blood pressure checks.

We did

- New Ward Manager appointment
- Performance Management of staff members
- Circle of support initiated
- Admission checklist provided
- Weekly audits of care records being implemented
- Older peoples mental health falls plan being progressed
- Appointment of Physical Health Care Nurse
- Safety Hub Falls programme – improvement cycle
- Physical Health Care Nurse audits to provide assurance

Assessing and Monitoring the Quality of the service
CQC said:

- Not all staff [in CAMHs] knew how to report incidents and were not made aware of the findings

We did

- Held discussion at Quality Action Group
- Will be Issuing staff with incident reporting policy and seek their confirmation through supervision of their understanding of this
- Provide Datix Workshops for teams
- Designing a communications plan to ensure identify channels of communications for the purposes of lessons learnt from incidents are clear
- Service Deep Dive action plan to be completed
- Incident reporting monitoring

"Should do's"

Supporting Workers
CQC said:

- The Trust should ensure the new ESR provides an accurate record of the training the staff have completed so it is possible to know what training staff need to receive or have refreshed to work in different services in the Trust so this can be provided in a timely manner

We did

- Introduced self-serve ESR so all staff individually and managers can review locally their staff training record
- Provided service to update and correct ESR records from local information
- Introduced monthly reporting on current position
- Completed stock take of progress in October to mobilise supply to attain targets by March 15

- Plan to improve attendance by supplying training locally where possible
- Instruct subject matter experts with the task to ensure they reach their training numbers to deliver KPI
- Quarterly monitoring of Divisional Directors performance
- Board monitoring and intervention through KPI report

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Assessing and Monitoring the Quality of the service
CQC said:

- The Trust should continue its work to ensure that the serious incidents are investigated in a timely manner in line with the agreed timeframes to ensure learning is shared promptly

We did

- Delivering 100% completion on time since May 14
- Plan to complete all previous investigations by end of Oct 14
- Continue to monitor 100% completion of action plans on time through the scrutiny panel
- Introduced reflective practice support to the CRS team to enable them to stay productive in their work whilst coping with the distress of the work
- Developing connection with recommendations and actions with safety hub programmes
- Reduction of severe harm incident KPI monitored monthly by Trust Board
- Exception reports to Board if delays in investigations occur
- Annual reporting to Quality Committee from Scrutiny Panel

Care and Welfare
CQC said:

- The Trust should continue its work to ensure all the people using services have their physical health assessed and have a health action plan

We did

- Focused attention by older peoples mental health and working age adult mental health divisions to achieve KPI
- People who have learning disabilities health check performance is being monitored through the quality standards
- Completed stock take of progress against KPI in October to mobilise supply to attain targets by March 15
- Physical Health Care Nurse appointed
- Physical Health Care group being led by Medical Director
- Extending KPI to include all divisions and all appropriate people who use our services from April 15
- Monthly review and problem solving at QMB and Executive Board
- Quarterly monitoring of Divisional Directors performance
- Board monitoring and intervention through KPI report

Assessing and Monitoring the Quality of the service
CQC said:

- The Trust should ensure that all people who make a complaint receive a thorough response in a timely manner

We did

- A peer review of our complaints process has been completed and action to be considered at November Quality Committee
- The Complaints Manager is to report directly to Director of Quality
- Trajectories for improvement to be set for reducing the time it takes to respond to complaints
- NED Director of Quality Committee to continue to review sample of complaints two monthly
- Quarterly reporting to stakeholders through Expert Report
- Quarterly reporting, monitoring and intervention by Trust Board

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Jo Young
Director of Quality and Deputy Chief Executive (Nurse Director)
19.10.14

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