

Care Quality Commission Wave 1 Pilot Inspection

Coventry HOSC Briefing April 2014

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Trust overview

- £200 + million income
- Population served 1,053,000
- Staff numbers 4,161 (3,530 WTE)
- Integrated services - all age mental health, specialist services, primary care and prevention, integrated children's services and all age community services (Coventry only)
- 70 sites over 870 square miles
- Financial Risk Rating of 4
- CQC Registration - no conditions
- Inpatient beds – 473
- Contacts and attendances – c.156k OBDs & c.2 m Attendances
- Commissioners - Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG and NHS England

CQC findings

- Total of 13 location reports and 1 provider level report
- All reports identified areas of good / notable practice
- Some reports identified exemplar practices
- Areas requiring improvements identified (1 enforcement action and 5 compliance actions)

Examples of good feedback from across the Trust

The inspection team found that in most cases across the Trust

- Staff were caring and committed, made good patient care and safety central to their work, and interacted well with patients
- The care and treatment provided was effective, with examples of some very good collaborative work and innovative practice
- Teams worked hard to ensure patient-centred care, tailored to meet the needs of patients and their families/carers
- Patients and their family members/carers spoken to during the inspection process said
 - they had positive experiences of care and that they were supported and involved in their treatment and care
 - staff were compassionate, kind and respected them at all times

Examples of good practice observed

- People who used the service had regular health checks and annual health checks (Specialist Services)
- Exemplary record keeping (Eating disorders)
- Good examples of multi disciplinary working (Older peoples MH)
- Safe and effective out-patient care (SCMH)
- Staff who understand the needs of children and speak to them in a warm and positive manner (Integrated Children's Services)
- Across all three services, most people described their care as good to excellent, and reported that staff were caring despite being busy (CSP/PC&P)

Local Actions

- Each Directorate already has its own action plan that reflects enforcement/compliance actions – this needs to also reflect wider issues reflected in the report
- Directorates will oversee their action plans at their Safety and Quality Forums
- Action plans will be monitored at the Executive Performance Group monthly
- Each Directorate to consider how they might share best practice and learning more widely

Areas for improvement: enforcement

Ensure that planning and delivery of care meets people's individual needs, safety and welfare

- Completed a review of the “this is me” document ensuring involvement of patient, carers and families in care planning
- Delivered specific training for staff in psychological models of care to underpin care planning processes
- Implemented care planning documentation to reflect the psychological model of care delivery
- Increased training and awareness in relation to Mental Capacity Act (MCA) for all staff groups
- Increased therapeutic activities for patients
- Roll out of formalised audit of documentation / care plans on a weekly basis
- We anticipate the CQC to check we have completed the actions, once we have confirmed that we have done so.

Areas for improvement: compliance

Ensure that suitable storage, recording and monitoring systems are in place to ensure medications are handled safely and appropriately

- Completed an immediate review of all Community Mental Health Teams (CMHT) medication practices, improvements made and routine audit established
- Further embedding of medicines management guidance for all community staff (CMHT)
- Application of lean principles to underpin a review of the medications storage on Quinton Ward

Areas for improvement: compliance

Ensure that suitable arrangements are in place to ensure the dignity, privacy and independence of service users

- Improved signage for gender specific lounge areas within in-patient environments
- Improved signage for gender specific bathroom facilities within in-patient environments
- Reinforced privacy and dignity practices across the in-patient environments through targeted ward visits

Areas for improvement: compliance

Ensure that there are robust systems for recording, storage and retrieval of records including staff records

- A review of care record processes has commenced within the Rehabilitation services and improvement plans will be derived to address those issues raised
- Standard Operational Procedures (SOPs) will be developed and approved to provide a consistent approach for the development, recording and storage of supervision notes

Areas for improvement: compliance

Security and premises improvements identified on Brooklands site

- The locking mechanism identified as an assessed risk and managed through effective mitigations and controls has now been repaired
- The heating system has been reviewed and is now operational within the Seclusion Room on Eden Unit
- Works are in progress to replace the thermostat used within the seclusion room on Malvern Unit

System issues

- Capacity in Child and Adolescent Mental Health (CAMHS) – being reviewed via CQUIN from 13/14
- Tier 4 in-patient provision (CAMHS) – awaiting national report
- Specialising (prescribed MH observations) of CAMHS patients within acute hospital environments – information sent to commissioners
- School Nursing – subject to further discussion with PH CC

Wider Learning

The inspection team found that inconsistencies across the Trust in relation to

- Access to supervision, appraisal, training and good clinical guidance
- Application of policies into practice ie Lone Working / Medicines Management / Safeguarding
- Organisational Learning from incidents/SIRIs/Complaints using the framework in place
- Engagement of and feedback to patients/families/carers

Next steps.....our approach

- Ensuring we provide assurances to any concerned patient / service user / carer
- Engaging staff through Equal Active Partners (Big Staff Conversations)
- Enacting clear governance for monitoring progress and delivery of actions (including improvements and sharing good practice)
- Continuing to be open with our partners about our progress
- Continue to explore with Commissioners how we, as a system, respond to demand and capacity challenges

What does it mean for the Trust FT Application?

- The new CQC inspection regime is now part of the FT Application process – we were fortunate to be the first Trust in the Pilot and that will allow us to move forward
- We do not yet know what CQC and Monitor will require us to do before re-starting our FT assessment.



Questions