Summary of the CQC final inspection report:
Coventry and Warwickshire Partnership NHS Trust

1. Background

The Coventry and Warwickshire Partnership NHS Trust was inspected as part of the CQC comprehensive inspection programme from the 11th–15th April 2016 inclusive. Additional unannounced visits took place across inpatient mental health wards on the 21st April 2016. The inspection team consisted of around 80 people including inspection staff from the CQC but also, doctors, nurses, allied health professionals, managers and experts by experience. The inspection team met with patients and carers receiving services as well as staff who provided care and support services.

2. CQC Rating

The CQC gave a rating across its 5 Core Inspection Domains: Safety, Effectiveness, Caring, Responsiveness and Well Led. The overall outcome for the Trust was being rated as '**Requires Improvement',** the domain 'Caring' was rated overall as **'Good'** (table 1).

Table 1: Trust Overall Rating and by CQC Core Domain

Overall	Safe	Effective	Caring	Responsive	Well Led
Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

The CQC have also rated each type of service provided by the Trust. Of the 14 services inspected, 6 were rated as 'Good' and 8 were rated as 'Requires Improvement' - see appendix 1 for full breakdown.

Services rated as 'Good' included:

- Community health services for adults
- Community health services for children, young people and families
- Forensic inpatient/secure wards
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- End of life care

Please note: Community health services for children, young people and families and End of Life Care were both rated as Outstanding for 'Caring'.

Services rated as 'Requires Improvement' included:

- Acute wards for adults of working age and psychiatric intensive care units
- Community dental services
- Community mental health services for people with learning disabilities or autism
- Community-based mental health services for adults of working age
- Community-based mental health services for older people
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems
- Wards for people with learning disabilities or autism

3. Areas highlighted as good practice

There were a number of services where the CQC highlighted particular issues of good practice, including:

In community health service for adults:

- The tissue viability services had been nominated for a Pride of Nursing Award (2016). The Pride of Nursing Awards gave patients the opportunity to recognise a nurse or nursing team who may have gone above and beyond the call of duty or who had demonstrated incredible compassion which made a difference to the patient and/or their family.

In the community end of life care service:

- The specialist palliative care team (SPCT) had been accepted to participate in a clinical research study by the NHS National Institute of Health Research. The objective of the Prognosis in Palliative Care Study II (PiPS2) was to identify the best method to accurately predict survival in patients with incurable cancer. This will be the first clinical trial undertaken by the SPCT. The team members were enthusiastic and looked forward to starting the study once ethical approval had been obtained.

In the community children and young peoples' service:

- There was a strong focus on and innovative approach to providing integrated pathways of care, particularly for children and young people with complex health needs. For example, development of autism assessment and treatment services.

In mental health:

- One ward provided six hours protected time every six weeks to staff. The ward manager organised this time for local audit, specific training, peer supervision and psychology led patient discussions.

Across services:

- A significant reduction in the incidence of pressure ulcers has been achieved using a clinical audit programme.
- The work on nurse recruitment and, in particular the pre-nursing programme for HCAs, was effective and highly regarded.

4. Warning Notice and Requirement Notices

The CQC issued one warning notice and three requirement notices. These notices outline the issues that the Trust was deemed to be in breach of and require the Trust to take action to address.

The **Warning Notice** focussed on the Trust's arrangements for managing eliminating mixed sex accommodation (EMSA) requirements. The Trust immediately put in place arrangements to ensure that patients within an area of mixed sexes have the appropriate risk assessments and care plans in place and this is monitored daily. In addition the Trust has revised its EMSA policy arrangements with executive level oversight for all admissions that would otherwise breach. The Trust has kept the CQC, commissioners and other regulators fully informed of our plans.

With respect to the three requirement notices, the CQC have reported the following actions the trust *MUST* take to improve services.

The Trust must:

- review provision of inpatient beds to ensure compliance with the Department of Health guidance and Mental Health Act 1983 Code of Practice in relation to eliminating mixed sex accommodation.
- take action to remove identified ligature risks and ensure that ligature risk assessments contain plans for staff to manage risks. The trust must mitigate where there are poor lines of sight.
- ensure seclusion meets the Mental Health Act code of practice and provide clarity to staff about which seclusion rooms are in use.
- ensure that qualifying patients are referred to support from an Independent Mental Health Act Advocate (IMHA), in line with MHA code of practice. Section 17 forms must indicate to whom they had been given in addition to the patient.
- ensure that seclusion is carried out in adherence to the MHA code of practice.
- The provider must ensure that patients with CTO or MOJ conditions are recorded on care and risk plans. The provider must ensure that MOJ and MHA records and reports are accessible to all staff.
- ensure that there are enough staff on duty to meet the needs of the patients, that staff are given regular clinical supervision and that staff have training on the Mental Health Act (1983).
- ensure there is robust oversight and management of all risks within the community dental service.
- establish a clearly defined process to effectively manage the current waiting list in the community dental service.
- ensure that appropriate risk assessments and policies are in implemented regarding the mobile dental unit, community visits and the use of a local hospital to deliver care and treatment in the community dental service.

In addition the CQC have reported actions the trust should take to improve services.

6. Working with the Health Economy – The CQC Quality Summit
The CQC hosted a Quality Summit at which the findings from the inspection were presented and the Trust was able to confirm the actions that it would take to improve services where required. The event had senior representation from key agencies:

- NHS England
- NHS Improvement
- Local Authorities from both Coventry and Warwickshire
- Clinical Commissioning Groups (Coventry and Rugby, South Warwickshire, North Warwickshire)
- Healthwatch from both Coventry and Warwickshire

7. Improvement Planning
The Trust submitted its improvement plan to the CQC in August 2016.

Paul Masters
Assistant Director of Governance, September 2016