

**REPORT TO THE TRUST BOARD: PUBLIC**  
**23 July 2020**

<b>Title</b>	<b>CQC 2019 Inspection Report and Action Plan Update</b>
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**Purpose of the Report**

This report provides an update on the action plan from the 2019 CQC inspection within Bedford and Luton Inpatient Mental Health Services and Bedfordshire Community Health Services.

**Summary of Key Issues**

This report gives oversight of the actions identified from the latest CQC inspection report, alongside oversight of the overall CQC Action Plan.

**Strategic priorities this paper supports**

Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input type="checkbox"/>	
Improved value	<input type="checkbox"/>	

**Committees/Meetings where this item has been considered**

Date	Committee/Meeting
29/06/2020	Quality Assurance Committee

**Implications**

Equality Analysis	The report does not include equalities analysis.
Risk and Assurance	This trust wide project will provide with learning, innovation and continuous improvement as part of the quality assurance and quality improvement functions.
Service User/Carer/Staff	The focus of this report is on supporting teams to understand their CQC compliance and improving services through process of self and peer review, which will positively impact the service user, carer and staff experiences.
Financial	There are no direct financial implications associated with the report.
Quality	The proposed changes aim to further support teams to understand the quality of their service.

**Supporting Documents and Research material**

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## 1.0 CQC Inspection Action Plan: Inpatient Mental Health & Bedfordshire Community Health Services

### 1.1 Feedback from the focused inspections (November & December 2019)

Unannounced CQC Inspections took place within a number of inpatient mental health wards and community services across Bedfordshire and Luton during November and December 2019 as part of the annual, unannounced inspection process.

Bedford and Luton Inpatient Mental Health Ward visits included:

Visit Date	Ward
27 <sup>th</sup> Nov 2019	Ash Ward
	Coral Ward
28 <sup>th</sup> Nov 2019	Willow Ward
	Crystal Ward
29 <sup>th</sup> Nov 2019	Jade Ward
	Onyx Ward

Bedfordshire Community Mental Health Services visits included:

Visit Date	Service	Team
4 <sup>th</sup> Dec 2019	Primary Care at Home	Single Point of Access Team District Nursing
		District Nursing
5 <sup>th</sup> Dec 2019	Primary Care at Home	District nurses Parkinson's nurse-led clinics Leg Ulcer clinic
		Specialist Nurses Leg ulcer clinic
		Complex Care team Warfarin Team
6 <sup>th</sup> Dec 2019	Primary Care at Home	Community Heart Failure Team District nursing

### 1.2 Key findings:

[The full inspection reports](#) were published during March 2020 with 3 'must' do actions and 7 'should' do actions.

#### Bedfordshire Community Health Services:

1. The trust **must** ensure that referrals to the speech and language service are assessed promptly to identify any high-risk patients and ensure they receive an appropriate assessment in a timely manner and the service must also ensure that patients are seen within an appropriate time.
2. The service **should** ensure there are effective processes to identify and remove out-of-date clinical items in a timely way.
3. The service **should** ensure supervision takes place regularly for all staff.

#### Bedfordshire and Luton Inpatient Mental Health Services:

1. The trust **must** ensure all staff identify incidents of patients on patient assault as potential safeguarding concerns and report them as such.

2. The trust **must** continue to improve its staff training compliance in the basic and immediate life support, prevention and management of violence and aggression, safeguarding children training courses.
3. The trust **should** ensure leaders follow a robust assurance process in relation to the correct recording of physical health observations following the administration of medication by rapid tranquilisation, including when patients refuse these observations.
4. The trust **should** ensure that staff complete the daily environmental checks that have been put in place on the wards.
5. The trust **should** continue with their work to improve psychology provision on Ash and Willow Wards.
6. The trust **should** ensure patient confidential information remains shielded from view from the corridor on Onyx ward when staff meetings are taking place.
7. The trust **should** continue to ensure staff receive regular supervision.

Overall the reports were well received and some of the positive feedback included:

#### **Bedfordshire Community Health Services**

#### **B & L Mental Health Wards**

*“Staff provided good quality care and treatment”*

*“The trust had made improvements since the last inspection in November 2017”*

*“Staff worked well together for the benefit of patients”*

*“The service provided safe care”*

*“Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their condition”*

*“Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment”*

*“Staff understood the services vision and values and how to apply them in work”*

*“Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of the patients”*

*“Staff said they felt respected, supported and valued”*

*“The service was well-led and the governance processes ensured that ward procedures ran smoothly”*

### 1.3 Action Plan for Inpatient Bedfordshire and Luton Inpatient Mental Health

Issue Identified for improvement	Area	Key Actions Taken (to meet the regulation)	Target completion date
The trust <b>must</b> ensure all staff identify incidents of patient on patient assault as potential safeguarding concerns and report them as such.	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Training to staff around safeguarding reporting in relation to patient assault.</li> <li>• Safety including Safeguarding issues to form part of daily ward handover and service huddles.</li> <li>• Safety incidents and impact on environment and experience of care to be discussed at weekly community meetings</li> <li>• Develop strategy with Trust Police Liaison officer to reduce patient violence including opportunities to identify triggers and reduce recurrence</li> <li>• Patient violence to be a theme at the next violence collaborative</li> </ul>	Jul-20
The trust <b>must</b> continue to improve its staff training compliance in the basic and immediate life support, prevention and management of violence and aggression, safeguarding children training courses.	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Review patterns or areas of deficit, put plan in place to address.</li> <li>• Link to training department to ensure that there are sufficient places on mandatory training courses over the next 3 months to meet training deficits.</li> <li>• Work with training department to agree process of accessing these training courses upon commencement of employment</li> </ul>	Jul-20
The trust <b>should</b> ensure leaders follow a robust assurance process in relation to the correct recording of physical health observations following the administration of medication by rapid tranquilisation, including when patients refuse these observations.	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Review report and recent audit to establish where there are areas of good practice and where this is undertaken less robustly. Share good practice through managers' meetings and away days.</li> <li>• Ensure that there is a consistent process and audit process in place for all areas.</li> <li>• Identify and address any training deficits</li> <li>• Initiate physical health lead on each ward who will promote good practice.</li> <li>• DSN to check compliance with post rapid tranquilisation physical observation and recording.</li> </ul>	Jul-20

Issue Identified for improvement	Area	Key Actions Taken (to meet the regulation)	Target completion date
The trust <b>should</b> ensure that staff complete the daily environmental checks that have been put in place on the wards.	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Review report and recent audit to establish where there are areas of good practice and where this is undertaken less robustly. Share good practice through manager's meetings and away days.</li> <li>• Agree standardised process of daily checks across wards and system to ensure they are completed and reviewed daily by the team</li> </ul>	Jul-20
The trust <b>should</b> continue with their work to improve psychology provision on Ash and Willow Wards.	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Continue to advertise for the 8b Principal Psychologist and 8a Psychologist roles</li> <li>• Work with Recruitment Team to widen reach of these advertisements</li> <li>• Continue to use vacancy monies to fund Assistant Psychologist to provide Psychoeducation and Skills Groups on the two wards</li> <li>• Continue to offer consultation to the ward team for patients who present with high levels of complexity and risk and encourage linking in with relevant CMHT Psychologist where appropriate.</li> <li>• Work with the Inpatient Leadership Team to agree a strategy for increasing resource to facilitate Reflective Practice on the wards</li> </ul>	Jul-20
The trust <b>should</b> ensure patient confidential information remains shielded from view from the corridor on Onyx ward when staff meetings are taking place	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Move patient information board to ensure that there is no line of sight for service users in the ward.</li> </ul>	Apr-20
The trust <b>should</b> continue to ensure staff receive regular supervision	Inpatient Adult Wards and PICU	<ul style="list-style-type: none"> <li>• Continue supervision training to people appointed to leadership positions</li> <li>• Continue to monitor supervision levels, and staffs view of helpfulness of supervision</li> <li>• Continue enhanced supervision and preceptorship for newly qualified staff through programme and allocated preceptor</li> <li>• Developing locality wide supervision database that allows for dates of meetings and reasons supervision sessions not facilitated to be centrally recorded</li> </ul>	Jul-20

#### 1.4 Action plan for Bedfordshire Community Health Services

Issue Identified for improvement	Area	Key Actions Taken (to meet the regulation)	Target completion date
<p>The trust <b>must</b> ensure that referrals to the speech and language service are assessed promptly to identify any high-risk patients and ensure they receive an appropriate assessment in a timely manner. The service must also ensure that patients are seen within an appropriate time. Appropriate information must be available to managers to ensure they can monitor this service. Regulation 12 Safe care and treatment (1)(2)(a)(b)</p>	<p>Community Health Services Adults</p>	<p>Standard operating process in place to ensure referrals are triaged daily</p>	<p>Jan-20</p>
<p>The service <b>should</b> ensure there are effective processes to identify and remove out-of-date clinical items in a timely way.</p>	<p>Community Health Services Adults</p>	<p>Review of out of date clinical items undertaken across the services Weekly stock rotation process implemented</p>	<p>Jun-20</p>
<p>The service <b>should</b> ensure supervision takes place regularly for all staff.</p>	<p>Community Health Services Adults</p>	<p>All community staff are now in receipt of supervision. Clinical staff are also in receipt of Professional/Clinical supervision. A supervision template is in place and supervision is documented and kept on the staff member's H/R</p>	<p>Mar-20</p>