Bradford District Care
NHS Foundation Trust

Council of Governors

04 March 2021

Paper title:	Care Quality Commission Update	**Agenda item** **8**
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
Prepared by:	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	

Purpose of the report		
The purpose of this report is to provide an update as to the outcome of the CQC inspection which occurred in December 2020.	For approval	
	For discussion	
	For information	**X**

Executive summary		
On 10-11 December 2020, the CQC made an unannounced focussed visit to 4 acute wards within the Trust – Ashbrook, Fern, Maplebeck and Oakburn. The inspection was in response to the CQC identifying potential issues relating to patient safety and the quality of services following their review of a number of serious incidents that occurred on the wards. As this was a focussed inspection, the services were not re-rated. The final version of the report was published 17 February 2021 and contained no 'Must Do' Actions. The report acknowledged the continued progress made since previous inspections and highlighted 7 areas for improvement, all of which are subject to on-going workstreams.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	**State below 'Yes' or 'No'** **No**	If yes please set out what action has been taken to address this in your paper

Recommendation
The Council of Governors is asked to: • Note the summary of the feedback from the CQC inspection report and take assurance from the actions described in response to the CQC's recommendations

Strategic vision Please mark those that apply with an **X**				
Providing excellent quality services and seamless access	**Creating the best place to work**	**Supporting people to live to their fullest potential**	**Financial sustainability growth and innovation**	**Governance and well-led**
				X

Care Quality Commission domains Please mark those that apply with an **X**				
Safe	**Effective**	**Responsive**	**Caring**	**Well Led**
X	**X**	**X**	**X**	**X**

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: •
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: •
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: • Regulation 12 • Regulation 17

Meeting of the Council of Governors 04 March 2021

Care Quality Commission Unannounced Inspection 10 and 11 December 2020 – Report

1 Purpose

The purpose of this report is to provide an update as to the outcome of the CQC inspection which occurred in December 2020.

2 Background

On 10-11 December 2020, the CQC made an unannounced focussed visit to 4 acute wards within the Trust – Ashbrook, Fern, Maplebeck and Oakburn. The inspection was in response to the CQC identifying potential issues relating to patient safety and the quality of services on these wards following their review of a number of serious incident investigation reports submitted to them by the Trust.

As this was a focussed inspection, the services were not re-rated.

The report was published 17 February 2021 and contained no 'Must Do' Actions. The report acknowledged the continued progress made since previous inspections and highlighted 7 areas for improvement, all of which are subject to on-going workstreams.

3 Inspection Findings

The report highlighted a number of positive findings, specifically that:

- The service provided safe care. Ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.

- Staff developed care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They involved patients and families and carers in care decisions.

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

However, it also identified 7 specific areas of improvement. Many of these were already identified improvement workstreams for the Trust and therefore the specific actions in response to the recommendations represent a continuation of the work that was already being undertaken. These are described below.

i. The Trust should ensure that daily environmental checks are completed.

This was in specific reference to one ward, Fern, where these had not been routinely completed. The service manager has put in place a series of audits of the environmental checks on Fern ward and is working with the ward manager to ensure that these are completed in line with Trust guidance. The embeddedness of this will be tested as part of our Quality and Safety visits

ii. The Trust should ensure a clear definition between office accommodation and the clinical room environment on Fern Ward.

This was as a result of the CQC identifying that the ward manager was using a clinical room as her office space. The Estates team have reviewed the space available on the ward and, in agreement with the clinical and infection prevention teams, have developed a proposal to combine the current examination and clinical rooms and then repurpose the examination room as an office.

iii. The Trust should ensure that staff are compliant with mandatory training requirements.

This was in specific reference to Oakburn (MAV training) and Ashbrook and Maplebeck (ILS training), which were below 75% at the time of the inspection. This was a result of the fact that following the Covid19 outbreak, in line with Government guidance, face to face training was temporarily suspended until COVID safe lesson plans and environments were identified to deliver the necessary training. Face to face training as been resumed but numbers of places are restricted due to environmental constraints in order to manage infection prevention and control risks. A prioritisation process for allocating training places is in place targeting those staff whose date expires soonest or are already out of date and we have sourced alternative additional capacity we can utilise during this period. Once COVID restrictions are lifted we will ensure that the corresponding increase in capacity is utilised to bring any areas that have not been returned to compliance back up to the required level.

iv. The Trust should ensure that all care plans are personalised.

This was in response to the CQC identifying 4 care plans which did not demonstrate personalisation. When these were identified to the team they were reviewed and updated with the relevant patients as needed

The quality of care plans, including the level of personalisation, is reviewed during caseload supervision and daily PIPA (purposeful inpatient admission) meetings. In addition, this is independently audited during Quality and Safety visits to the ward where actions will be allocated and reviewed if there are areas of non-compliance.

v. **The Trust should ensure there is a consistent approach to discharge planning and that plans are clearly documented and easily accessible**.

As described for the quality of care plans, discharge planning is reviewed during case load supervision and daily PIPA (purposeful inpatient admission) meetings. This also forms part of a Trust-wide improvement workstream looking at the quality of risk assessment and care planning, of which discharge planning is integral. This specific element will be brought to Patient Safety and Learning Group for update in March 2021

vi. The Trust should ensure that patients and carers are aware of and have access to independent mental health advocacy services.

The Mental Health Act administration team, Clinical Manager, Operational Manager and Independent Mental Health Advocacy (IMHA) service set up a process in which the IMHA service is notified of all detained patients on the wards. The IMHA team proactively contacts the wards to offer support to all detained service users. The IMHAs are supported to attend the wards and the is a standard operating procedure to manage the COVID risks. All qualified staff across inpatients have been briefed on the process and this has been discussed in team meetings. Patient care plans on mental health act evidence the discussion and offer of the referral to IMHA.

vii. The Trust should ensure that patients and their relatives are treated with kindness and dignity. Where the Trust identifies that this has not taken place, appropriate investigation and action should be taken.

The Trust is committed to treating all service users and their carers with kindness and dignity and the report identified that in the majority of cases this was the experience of people the inspection team spoke to. Where the care experienced falls below the standards we would expect, we review this and take actions based on the outcomes of the investigation. Recent changes to the remit of the Patient Safety and Learning Group will give a much clearer focus on areas of improvement and areas of excellence to celebrate.

4. Recommendations

Council of Governors is asked to:

- Note the summary of the feedback from the CQC inspection report and take assurance from the actions described in response to the CQC's recommendations.

Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk
23 February 2021