

Care Quality Commission (CQC) inspection of Adult Mental Health Acute Wards and Psychiatric Intensive Care Units (PICU) October 2022

1. In April 2023 the CQC published a report following inspections of the Trust’s mental health inpatient units which took place in October 2022.
2. The CQC found a number of areas of improvement and good practice. Inspectors also found some areas where there hadn’t been as much progress as expected. As a result, the overall rating for these services remains as ‘Requires Improvement’. These services remain rated ‘Good’ for the domains of Caring and Effective, and ‘Requires Improvement’ for the other domains (Responsive, Safe, Well Led). The overall rating for the Trust did not change as a result of this inspection report, and remains at ‘Requires Improvement.’ All of the Trust’s community physical health services are rated ‘Good’ in all domains. The Trust remains rated ‘Good’ overall for being Well Led.
3. Since the inspections took place the Trust has developed the action plan below to monitor progress against the areas identified for improvement by the CQC. The Trust has a CQC action plan oversight group comprising clinical leaders and progress is also reported to the Trust Board’s Quality and Safety Committee. Further oversight is provided by the Integrated Care Board. Updates on the action plan will be part of upcoming engagement meetings with the CQC.
4. **Action Plan:** Information correct as of 4 September 2023

Area for improvement	Actions Completed	Action status
<p>The trust must ensure staff know how to follow the correct procedures for safely managing controlled drugs.</p> <p><i>Context - 4 doses not countersigned in controlled drugs stock book.</i></p>	<ul style="list-style-type: none"> • Vacant pharmacy technician role filled. • Bespoke control drugs training sessions delivered to ward staff. • Weekly audits in place. • Monthly Quality Assessment Tool completed on all wards. • Quality Review Visit by Mental Health Best Practice Team includes medicines management. 	<ul style="list-style-type: none"> • Complete • Action is under business as usual monitoring.
<p>The trust must ensure patients are promptly reviewed by a doctor when they are admitted so they have access to their required medicines to minimise the risk of missed doses.</p> <p><i>Context - a patient missed 1 dose of insulin as transferred from acute trust without medication.</i></p>	<ul style="list-style-type: none"> • Investigation of incident completed – human error identified. Error partly due to admission clerking being carried out by doctor virtually that day. • Evidence of missed opportunity and learning discussed with doctors at reflective session. • Learning that admission clerking must always be carried out face to face added to doctors’ induction. 	<ul style="list-style-type: none"> • Complete. • Action to be monitored via incident reporting.
<p>The trust must ensure staff complete observations of patients to mitigate their</p>	<ul style="list-style-type: none"> • Review and amendment of therapeutic observation policy to align with best practice. 	<ul style="list-style-type: none"> • Partially completed. • Policy is due to be signed off in September

<p>identified risks as outlined in each patient's care plan.</p> <p><i>Context - gaps in observations found on one unit.</i></p>	<ul style="list-style-type: none"> • Task and finish group of clinical staff in place to ensure policy changes are embedded consistently across all teams. Champions identified to provide ongoing support with this work. • eObs (electronic observation tool) being rolled out to all inpatient wards to replace paper observation tool. eObs has been refined to meet the requirements of the policy. • Staff competencies have been revised in line with the updated policy. 	<p>Mental Health Safety Forum, then actions are fully completed.</p>
<p>The trust must reduce blanket restrictions that unnecessarily restrict the comfort, privacy and dignity of patients.</p> <p><i>Context – not all patients were able to lock/unlock their bedroom door; bedroom door vision panels were sometimes left open and were not controllable by the patient.</i></p>	<ul style="list-style-type: none"> • A programme of works to replace vision panels with a standardised auto-close version is currently being implemented. • Where applicable, patients have now been given their own key. Where this not possible, a programme of works is being implemented to replace the locks with a fob-access mechanism. 	<ul style="list-style-type: none"> • Ongoing – (vision panels March 2024 and doors June 2024). • Estates works scheduled.
<p>The trust must improve its governance assurance processes so that improvements can be embedded and sustained</p>	<ul style="list-style-type: none"> • Quality control mechanisms for on-going monitoring of improvement actions has been strengthened. This includes use of the Quality Assessment Tool (QAT) monthly and all units receiving a Quality Review Visit by the MH Best Practice Team. • Weekly CQC oversight group in place Chaired by Director of Nursing & Allied Health Professionals 	<ul style="list-style-type: none"> • Complete • Action is monitored under weekly oversight group.
<p>The trust must ensure all staff can access appropriate support via regular supervision.</p> <p><i>Context – data for when staff last had supervision was not accurate and not all types of supervision were being captured.</i></p>	<ul style="list-style-type: none"> • The mechanism used to centrally capture clinical supervision on staff training records has been improved. • Implementation of improvement programme on the clinical supervision approach to ensure all staff receive good quality, beneficial supervision. 	<ul style="list-style-type: none"> • Partially complete. • Mechanism to improve capturing of data is complete. • Clinical Supervision project underway
<p>The trust should continue to ensure staff monitor patients' physical health and food and fluid intake at the frequencies recorded in their care plan.</p>	<ul style="list-style-type: none"> • New food and fluid chart was developed with patients. • Implementation has been monitored as part of ward quality checks and has been embedded with good effect. 	<ul style="list-style-type: none"> • Complete
<p>The trust should ensure staff continue to fulfil their responsibilities in relation to monitoring the physical health of patients as directed by doctors.</p>	<ul style="list-style-type: none"> • Physical health monitoring reviewed as part of ward quality checks. • Any issues are reported at the daily safety huddle and multidisciplinary team (MDT) 	<ul style="list-style-type: none"> • Complete

	<p>meetings to ensure they are acted upon.</p> <ul style="list-style-type: none"> • On-going compliance monitoring via the monthly Quality Assessment Tool. 	
<p>The trust should continue with its work to recruit to staff vacancies to help ensure patients are always cared for by people with the appropriate skills and experience to meet their needs</p>	<ul style="list-style-type: none"> • Recruitment to vacancies continues with robust oversight at team, divisional and corporate levels. • Improvement programmes of work are underway that include Health and Wellbeing, recruitment drives and role redesign which include: Consultant Nurse or Allied Health Professions Practitioner roles; acceleration of band 5-6 Mental Health nurses as part of the Grow our Own Initiatives; development of apprenticeship roles; continued international recruitment. • Promotion of the Academy of Clinical Excellence (ACE) continues - offers specific focus on professional development and career progression for registered nurses, nursing associates and allied health professionals. 	<ul style="list-style-type: none"> • Complete – recruitment is ongoing action.
<p>The trust should continue its efforts to ensure all eligible staff are up to date with their training in preventing and managing incidents of violence and aggression, and immediate life support training.</p>	<ul style="list-style-type: none"> • Compliance target for preventing and managing incidents of violence and aggression (PMVA) and immediate life support training (ILS) is 95%. Sufficient spaces on training courses have been arranged to achieve this by Q3 2023/24 - where necessary we will increase training capacity to meet this target. • Learning Education and Development (LEaD) have worked with divisions to identify further opportunities to deliver training more locally to improve update and reduce non-attendance. 	<ul style="list-style-type: none"> • Complete – training compliance monitoring business as usual.