

CQC INSPECTION VISIT: 27TH MAY 2014

PROGRESS REPORT: 23rd February 2015

1. INTRODUCTION

Following their comprehensive inspection of the Trust in May 2014, the CQC reported their findings at a Quality Summit in August 2014 which included all our key stakeholders. From this, the Trust was able to develop a detailed action plan to address those areas where the CQC felt that the Trust needed to improve.

1.1 CQC Overall Summary of Findings

The trust was well-led by the Board the executive team and senior managers. Their work was supported by strong governance arrangements and a comprehensive quality assurance process. This meant that they were aware of the areas that needed improvement and were at different stages of addressing them. People using the services were treated with dignity and respect. The majority of the service users and carers we spoke with said staff were kind and we observed many positive interactions. We also saw that the trust was supporting people to be actively engaged in their own care and also to be involved in the development of the services.

We saw many areas of good and innovative practice across a range of units and teams within each core services, and the trust had much to be proud of. We also found good collaborative working relationships with partner agencies such as social services. We saw that the trust genuinely wanted to put the people who used their services at the centre of their work.

There were, however, a few areas that could have an impact on the safety and effectiveness of the service being delivered. These were predominantly found in the inpatient, rather than the community, services. Although the trust had started to address these issues, there was still more to be done. Our greatest concerns were in the acute inpatient services where ligature points were putting people's safety at risk. In addition, the consistency of people's acute inpatient care was sometimes being affected by ward moves, which were not based on clinical need. We were also concerned about the safety of older people, as procedures to reduce the risk of falls were not being fully used.

At ward level, lessons from previous serious untoward incidents were not always being shared effectively to reduce future risks to people using the service. Staff, mainly in inpatient services, were not always confident in using the Mental Capacity Act 1983 and Deprivation of Liberty Safeguards (DoLS). This meant that people might not be properly involved in decisions about their care. In some cases, it meant that they could be deprived of their liberty without the correct authorisations in place, which would contravene their human rights.

It is our view that the provider needs to take steps to improve the quality and safety of their services. We found that they are currently in breach of regulations. We will be working with them to agree an action plan to help improve the standards of care and treatment.

The inspection team found areas of good practice which included:

- Staff supporting patients with care and compassion and a high level of commitment to providing a good quality service.

- The trust is well led by the Board, senior executive team and senior managers.
- Governance processes supported by quality assurance systems mean that the trust is aware of areas that need improvement and is at different stages of doing this.
- The trust is supporting people to be engaged in their own care and in the development of services
- Many examples of good and innovative practice as well as considerable clinical research
- Effective work with partner agencies and the voluntary sector.

However, the CQC felt that there were significant challenges, especially within the trust's inpatient services:

- Management of risks from ligature points – the ward staff could not clearly articulate how they would take a planned approach to keep people safe from the risk of ligatures.
- Learning from serious untoward incidents – lessons learnt do not always reach the staff on the wards so that issues can be addressed in a timely manner to prevent similar incidents happening again.
- Falls management for older people – staff are not following guidance to ensure people are fully assessed and reduce the risk of recurring falls.
- Mental Capacity Act and Deprivation of Liberty Safeguards - Many staff were not confident in their use of this legislation. There were very low numbers of applications for authorisations of DoLS.
- Pressures in acute inpatient services - ward moves for non-clinical reasons leading to care being moved between clinical teams without clear protocols in place Ensuring that where services have a rapid improvement plan in place that the timescales for actions to bring about change are clear and closely monitored – this applies to the Psychiatric Intensive Care Unit (Coral Ward)

The CQC identified all of the above areas as breaches in compliance with the regulatory standards and actions that the trust MUST take.

In addition to the above, the CQC identified a number of actions that the trust SHOULD take, although it is important to note that these did not include any breaches in the regulatory standards. Some of the actions that the CQC felt the trust should take were confined to a specific service, such as the issue of illegal drugs coming onto the acute wards and the use of face-down restraint. All of these actions are being addressed by the Trust as part of an overarching service improvement plan and implementation will be carefully monitored.

Other issues were cross-cutting and required action trust wide as follows:

- The CQC felt that recruitment, especially of nurses, remains a challenge despite a very active recruitment campaign. The trust should continue to actively recruit for staff in line with the workforce plan until the numbers of permanent staff improve and the use of temporary staff is reduced.
- Improvements in the areas identified in the medicines risk register need to be implemented to make sure medicines are managed safely.
- The trust should aim to provide psychological therapies that reflect patient choice about the timing and venue for the appointment and type of therapy received

2. GOVERNANCE ARRANGEMENTS FOR THE DELIVERY OF THE ACTION PLANS

In order to try and address the complexity of delivering a range of actions, many of which, cut across different services within the Trust, it was decided to structure these actions into “cross-cutting themes”. Given the number of “cross-cutting themes” and service specific actions that make up the overall action plan, a programme management approach has been adopted to ensure that delivery of the plan is co-ordinated and inter-dependencies can be managed effectively.

There will be a risk-based approach to the delivery of the action plan ensuring that patient safety and compliance actions have priority focus and implementation is regularly reviewed on that basis.

Individual executive directors of the Board have lead responsibility for delivery of the action within their sphere of responsibility and the executive director with responsibility for the overall delivery of the plan is the Director of Nursing and People.

A named lead has been identified to take responsibility for co-ordinating actions within each of the “cross-cutting themes”, reporting through to a programme management group led by Ann Hunt, as the CQC Programme Manager. This group, which also includes Associate Divisional Directors, reports through and is accountable to the Quality Review Group for the timely delivery of the action plan.

Further work is planned to seek assurance and evidence that the improvements have been embedded within clinical practice and the benefits realised. This will be done through a series of audits and quality assurance reviews over the coming months.

The Quality Review Group which is chaired by the Director of Nursing and People receives a progress report at every meeting and a more detailed review of the themed action plans on a monthly cycle. The Quality Review Group, through the chair, reports progress to the Quality Committee of the Board at their bi-monthly meetings. The chair of the Quality Committee reports through to the Trust Board.

3. ACTION PLANS: PROGRESS REPORT

3.1 Rapid Improvement Plan: Coral Ward

The actions within the rapid improvement plan for Coral Ward which can be delivered by the local team, have all been completed. The remaining actions are interdependent on other projects within the Trust and include:

- Risk assessment training provided by the Practice Development Nurses on a local delivery basis, with the Care Academy moving risk training forward more broadly;
- Environmental issues which will be addressed as part of the design features of the planned refurbishment which is due to start on 23 February 2015
- Therapeutic activities which is one of the cross-cutting themes for the CQC trust-wide action plan

3.2 Ligature Reduction Programme

In August 2014, the Trust embarked on a major programme of improvement works to reduce the number of ligature points within the inpatient environment. The schedule of work includes the St Pancras site and the Highgate Mental Health Centre. Work commenced at the Huntley Centre and this is now complete with the final two wards on the St Pancras site, Montague and Sutherland, due to be completed by the 7th April 2015.

Work is due to start at the Highgate Mental Health Centre, with the total refurbishment of Coral Ward, at the end of February 2015. The programme will also include improvement works and the reduction of ligature points on all wards at the Highgate Mental Health Centre and will extend through to February 2016.

The Trust has introduced a programme of ligature risk assessment and management which every ward undertakes on a 6 monthly basis, and following any environmental changes or incidents. Work is underway to establish and embed the process and will include a programme of training for ward staff, specifically focusing on the link between assessed environmental risks and the formulation of care plans to manage individual clinical risk. The revised Ligature Risk Policy was launched at the beginning of December 2015 and serves to reinforce these initiatives.

The programme of training that is currently being developed will link in with the patient safety workshops which have been tailored to meet the needs of individual wards and teams and was completed at the end of January 2015.

The ligature reduction programme is continuing with work being undertaken to identify and assess the residential and community premises. This work is planned to start in April and complete by December 2015.

3.3 Management of Falls

In June 2014, a "Falls Summit" was held and a plan of work developed to establish a baseline position to confirm current practice and shortfalls from which to develop a plan of action. A Falls Management Group has been established to direct the programme of work which is already well underway.

- A trust-wide falls lead has been identified: Fiona Nolan, Deputy Director of Nursing and Research (from September 2014).
- Following a review of available falls assessment tools, the Falls Risk Assessment for the Elderly (FRAsE) tool was selected as most comprehensive.
- A review of NICE guidance was carried out to inform a revision of the Trust Falls policy which has been revised and includes the FRAsE tool with requirements for frequency of assessment
- A baseline assessment of all patients in every inpatient ward in the Trust was conducted on 18th June 2014, to ascertain whether a falls risk assessment had been carried out, whether care plans reflected falls management, and whether MDT discussions took place around falls management.
- The baseline assessment was repeated on 9th July 2014, and extended to include crisis houses.
- Training for staff on the older adult inpatient wards is on-going.
- The Trust has received funding to appoint a Falls Management trainer for a three month period and recruitment is underway to appoint to that role.

- The Trust has reviewed the designation of its older adult wards to provide separate facilities for people with functional mental health problems from those with organic mental health problems.
- Falls champions have been appointed for older adult wards.

Work in progress:

- Appointment of Falls Champions across all of the services whose role will be to attend training; act as a contact for the Trust lead; ensure the policy is available and accessible for all staff and that falls and falls management are discussed at MDT reviews;
- Establishment of a group to include the Falls Champions who will meet to share learning from falls and to review the MDT processes for managing falls.

3.4 Mental Capacity Act 2005

The Trust has reviewed the governance and management arrangements for the mental health law function, and has appointed a Mental Health Law Manager and a Mental Capacity Act lead who will take up their posts with the Trust in March 2015.

The Mental Capacity Act and Deprivation of Liberty Safeguards policy has been revised and will be implemented in February 2015.

A “Mental Capacity Act” campaign is taking place across the Trust during February 2015 – this is with the aim of raising awareness about mental capacity and deprivation of liberty; providing literature and resources for staff; delivering briefings and training sessions.

Training, delivered by Middlesex University, is scheduled for March 2015 and an extensive programme of training on the MCA and DoLS is currently being commissioned and will be delivered over the next three months. A training plan has been developed and will be delivered by the Mental Health Law Manager and the Mental Capacity Act Lead.

The Mental Health Law Committee has been restructured and is chaired by a non-executive director, membership has been strengthened and the Terms of Reference refocused to ensure that the governance of the mental health law function is robust and provides appropriate assurance to the Board.

3.5 Risk Management (“including sharing the learning”)

Learning from Incidents:

- Learning the Lessons Workshops for clinicians as a core part of all level 2 investigations has been introduced;
- The Serious Incident Management Policy has been reviewed to strengthen the processes and accountabilities for learning from incidents, introducing the requirement for team managers to confirm report issued have been shared with the team members.
- A Serious Incident Review Group is being established which will include the Associate Clinical Director for each of the Divisions to ensure clinical leadership in the management of and learning from serious incidents.
- The Trust has worked with the Service User Alliance to develop a protocol for sharing the learning from serious incidents;

- The Trust has utilised the Department of Health benchmarking of restraint and patient safety incidents.

Risk assessments in place for people going on leave.

- A working group has been established to review the arrangements and management for people going on leave and those who present as AWOL.
- The AWOL and Leave Policies are being reviewed to tighten the processes, including a full risk assessment for people going on leave.
- Staff at the Trust are working closely with the police to develop a joint approach;
- Access and egress points at the HMHC have been reviewed and all obvious AWOL routes have been closed down.

Management of Illegal Drugs on Wards:

- The Trust Search Policy has been reviewed setting out responsibilities of staff with regard to maintaining a drug free inpatient environment.
- Training workshops for staff are scheduled for March 2015
- Schedule of drug dog visits to acute inpatient wards has been established.

Update PMVA training:

- All relevant policies have been reviewed and updated to reflect the latest guidance and respond to "Positive and Proactive Care: Reducing the Need for Restrictive Interventions (DH2014)
- A detailed project plan is in place with clear deliverables and named individuals who are accountable for delivering within agreed timescales.
- All incidents of restraint are reported via the DATIX reporting system and are closely monitored, particularly prone restraint, quality of care planning and de-briefing post restraint. The goal is to eradicate the use of prone restraint and to reduce the overall use of restrictive interventions.
- After Action Review training is being delivered to help improve the quality and recording of debriefs post incidents.
- A change to mandatory training on PMVA to ensure that staff are better skilled in de-escalation and conflict resolution, enabling them to identify the antecedents of violence and aggression early and use less restrictive means to address patient distress

Risk Management Training:

- A Clinical Risk Management Training Strategy has been developed and is currently out to consultation within the Trust.

3.6 Ward Transfers for non-clinical reasons

- The Bed Management Policy has been reviewed and revised to ensure that beds are utilised efficiently and effectively and to strengthen the protocol for the transfer of patients between wards
- The Bed Management Group meets weekly to review bed availability and bed pressures
- Ward transfers are closely monitored and all transfers for non clinical reasons are reported via DATIX

- Ward transfer protocols have been strengthened
- The service has conducted a “deep dive” review of the acute care pathway to identify where the pressures are and establish the patient profile. This has been shared with commissioners.
- Meridien (consultants) are working with the Recovery and Rehabilitation service to look at ways of improving efficiency and effectiveness within the service which will help to reduce pressure on the acute care pathway

3.7 Recruitment of Nursing Staff

- A Working Group has been established to focus on recruitment and safe staffing
- Recruitment campaigns are being planned for both R&R and Acute services
- A one-off Recruitment Summit led by the Director of Nursing is scheduled for 26th February 2015 to focus on:
 1. A plan for “readiness to work” for the finalists at Middlesex University
 2. The Trust’s 2-year workforce plan (led by HR in conjunction with the divisions)
 3. A solid and achievable “Recruit and Retain” programme

3.8 Patient Choice in Psychological Therapies

- IAPT workers are located in 90% of GP practices and make use of a variety of additional community resources for the IAPT services;
- Working practices in all psychological therapy services has been reviewed to improve efficiencies and maximise the number of therapy slots available.
- Following a bid to local commissioners we have received waiting list funding to increase treatment slots and have now appointed 4.4wte new posts to our Traumatic Stress Clinic and 3.2wte new posts to our psychosis psychological therapy team located in the Rehabilitation and Recovery Service. With respect to services for young people (aged 17-24) we have also appointed new staff to our CDAT (0.4 wte), PD (0.4wte) and IAPT (1.0wte) services with a specific remit to hasten access to therapy for this vulnerable cohort.
- Evening clinics until 8pm on two nights per week are being run from one of our community bases – both individual and group therapy sessions. Plans are underway to introduce evening clinics for CDAT services at St Pancras hospital site;
- The service offers the full range of NICE concordant therapeutic interventions and all services offer patient choice within these parameters. If the evidence base is not available or applicable, agreement is reached in collaboration with the patient, on an integrative, needs-led approach. Wherever possible and where requested, patients are offered a choice in relation to therapist gender and experience.
- Timing and venue for appointments is always negotiated with the patient and are flexible within the limits available. Options available will be improved by developments above. CDAT and IAPT services also have a small home treatment team for patients who are unable to leave their home or whose treatment requires home treatment.
- The two borough-based services have been merged onto one site;
- A new service specifically for young adults, Mind the Gap, was introduced on 4th December 2014;

3.9 Learning Disability Services

- A project group has been established that includes representatives from community LD and Dunkley Ward to deliver improvement plans;
- Work is underway to identify a “champion” within each of the services
- A training and awareness programme has been developed for Dunkley Ward staff and LD champions across the rest of the service delivered by LD community and service users. The training will be delivered during April, May and June;
- Work is underway with staff on Dunkley Ward to support the development of Health Action Plans and the interface with care planning;
- There is a time-limited group with a remit to establish the information requirements and access rights for each of the system. Standard protocols will then be developed to provide guidance for staff to ensure that accurate and contemporaneous information is uploaded to the correct system. Where required staff training will be provided.

Ann Hunt
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23/02/15