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Health Scrutiny Panel

Black Country Healthcare
NHS Foundation Trust

Report title	BCHFT CQC Responsive Inspection. February 2023
Report of:	Marsha Foster Chief Executive Officer. BCHFT
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Receive the contents of the report for information purposes

1.0 Introduction

1.1 During February 2023 the Care Quality Commission (CQC) undertook a responsive inspection of one BCHFT core service: Acute wards for adults of working age and psychiatric intensive care units

A responsive visit is an unscheduled inspection of services, initiated by incident surveillance, an increase in quality or safety concerns or adverse events leading to media coverage.

The final report was published by the CQC in May 2023. The Trust has seen a deterioration in the core service rating from Good to Requires Improvement, and a rating deterioration from Good to Requires Improvement in the key questions "*Effective, Responsive and Well-Led".*

In accordance with Regulation 17(3b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust has been required to provide a written report of the actions planned to ensure compliance with the Health and Social Care Act 2008.

Details of the required actions, BCHFT response and performance governance is detailed within the accompanying presentation.

2.0 Background

During February 2023 the Care Quality Commission (CQC) undertook a responsive visit to the BCHFT core service; Acute Wards and PICU services for Adults of Working Age

A draft report was received from the CQC in April 2023, and the factual accuracy submission completed within ten working days. Of the twenty four factual submissions, the CQC accepted thirteen in full, 5 partially and declined 6. A ratings review was not requested by the trust and the final report was published in May 2023.

2.1 Changes in CQC Quality Ratings

The Trust has seen a deterioration in the core service rating from Good to Requires Improvement, and a rating deterioration from Good to Requires Improvement in the key questions "*Effective, Responsive and Well-Led".*

Movement for each rating is set out below in table one. Each arrow denoting a movement in the indicated direction by one grading. (NB two arrows would indicate a movement of two gradings)

Table one.

The *safe* domains remains rated as Requires Improvement and the *Caring* domain maintains a rating of Good.

2.2 BCHFT Aggregated quality ratings.

There has been no change in the Trust aggregated ratings as a result of the core service rating changes.

The trust has maintained its rating of good in the domains of Effectiveness, Caring, Responsiveness and Leadership, and has remained rated as Requires Improvement in the Safe domain.

1.0 Summarised outcomes

Areas of good practice and areas identified for improvement have been summarised below in table two.

Table two

Core service inspection findings. Areas of Good Practice	Core service inspection findings. Areas identified for improvement
• Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. • Staff actively involved patients and families and carers in care decisions.	• A need to focus on the management of medication and closer working with pharmacists. • Improve training rates in core skills. • Consistency and quality of care-planning. • Recruit to vacancies within ward based MDT's.

• Staff assessed and managed risk well and minimised the use of restrictive practices. • The ward environments were clean. • Managers ensured that staff received supervision and appraisal. • Staff followed good practice with respect to safeguarding.	• Continue work on the physical environment, refurbishment and removal of ligature points. • Ensure that patients receive planned 1:1's and leave. • Focus on awareness of new systems and teams within the Trust

2.0 Required actions

In conjunction with the final report, the CQC also required that a number of areas be addressed to improve services

All must do and should do actions are detailed below for scrutiny panel oversight.

4.1 Must do actions

Actions the trust MUST take are necessary to comply with its legal obligation as set out within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each requirement notices is aligned to one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

1. The trust must ensure that patients have an opportunity to be involved in their care plans and are offered a copy of this. (Regulation 9. Person centred care)

2. The trust must ensure that all works to the environment to reduce ligature risks are completed. (Regulation 12. Safe care and treatment)

3. The trust must ensure the seclusion room at Macarthur Centre is updated to make the environment more comfortable for patients in seclusion. (Regulation 15. Premises and Equipment)

4. The trust must ensure that sofas and flooring on Friar Ward at Hallam Street are replaced to make the environment suitable and comfortable for patients. (Regulation 15. Premises and Equipment)

5. The trust must ensure that staff complete patient's physical health observations following administration of rapid tranquilisation. (Regulation 12. Safe care and treatment)

6. The trust must ensure that all staff receive training in basic life support and those eligible in immediate life support. (Regulation 12. Safe care and treatment)

7. The trust must ensure that the rapid tranquilisation policy informs staff clearly of the maximum dose of anti-psychotic medicines to be administered and what action to take if administering medicines off the manufacturer's license. (Regulation 17. Good Governance)

8. The trust must ensure that there are systems and processes in place to manage patients' restricted items. (Regulation (17. Good Governance)

9. The trust must ensure that there are sufficient staff so that patients have their escorted leave, regular one to one sessions with their named nurse and have access to psychology during their stay in hospital. (Regulation 18. Staffing)

10. The trust must ensure that all staff are aware of the teams available within the trust and the community to facilitate safe discharge from hospital for patients. (Regulation 17. Good Governance

4.2 Should do actions.

These are actions the trust SHOULD take because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

1. The trust should ensure that the environment at Ambleside ward is redecorated and comfortable for patients. (Regulation 15. Premises and Equipment)

2. The trust should consider investing in the outside spaces and gardens on all wards to enable patients to enjoy time outside of the ward. (Regulation 15. Premises and Equipment)

3. The trust should consider having photographs on patients' medicine administration records so that all staff can easily identify patients. (Regulation 12. Safe care and Treatment)

4. The trust should consider how they manage daily rotas to ensure staff get sufficient breaks each shift. (Regulation 18. Staffing)

5. The trust should ensure that all staff have an opportunity to know about learning from complaints and incidents and the trust are assured that staff understand these. (Regulation 17. Good Governance).

5.0 Thematic grouping of required actions.

5.1 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)

These regulations introduced the fundamental standards, which describe requirements that reflect the recommendations made by Sir Robert Francis following his inquiry into care at Mid Staffordshire NHS Foundation Trust.

The regulations enable the CQC to pinpoint more clearly the fundamental standards below which the provision of regulated activities and the care provided to people must not fall, and to take appropriate enforcement action when it find it does.

The fundamental standards are set out below.

- Regulation 8: General
- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: Premises and equipment
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed
- Regulation 20: Duty of candour
- Regulation 20A: Requirement as to display of performance assessments.

To support the thematic analysis of the outcomes from the responsive inspection, the totals for each should and must do's are set out below in table three, grouped by fundamental standard.

Table three

Regulation	Must do total	Should do total	Overall Total
Regulation 12: Safe care and treatment	3	1	4
Regulation 17: Good Governance	3	1	4
Regulation 15: Premises and equipment	2	2	4
Regulation 18: Staffing	1	1	2
Regulation 9: Person-centred care	1	0	1
Total	10	5	15

6.0 Report of Actions, Oversight and Governance.

In accordance with Regulation 17(3b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to provide a written report of the actions planned to ensure compliance with the Health and Social Care Act 2008.

Internal reporting on progress is maintained via the established reporting cycles of the Quality and Safety Steering Group, Quality and Safety Committee and Board of Directors. External performance reporting to the CQC will be via the established provider relationship meetings which take place each quarter with the regional team and inspection manager.

7.0 Decision/Supporting Information (including options)

N/A

8.0 Implications

1. Quality and Safety of Services delivered by BCHFT

9.0 Schedule of background papers

9.1 BCHFT Quality and Safety Steering group July 2023

9.2 BCHFT Quality and Safety Committee July 2023

10 The background papers relating to this report can be inspected by contacting the report writer:

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