

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

BOARD OF DIRECTORS TO BE HELD ON WEDNESDAY 27 APRIL 2011

RESULTS OF CQC RESPONSIVE REVIEW

ACTION:

To report on the outcome of the responsive review undertaken by the CQC.

The Trust Board was informed in February that the CQC would undertake a 'response review' in response to the recent number of unexpected patient deaths.

The responsive review is one of two ways in which the CQC has identified it will monitor and assess compliance of organisations to the CQC standards. The alternative approach is known as a 'planned review' which is a more general overall assessment of compliance.

The CQC confirmed five outcome standards which would be the main theme of the review. These were:

4	Care and welfare of people who use services People experience effective, safe and appropriate care, treatment and support that meet their needs and protects their rights.
7	Safeguarding people who use services from abuse People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.
13	Staffing People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.
14	Supporting workers People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.
18	Notification of death of a person who uses services

The CQC conducted three visits overall each encompassing inpatient areas along with community teams. These were:

- Solihull: Inpatient wards and Lyndon Clinic (AWA)
- Zinnia Centre: Lavender Ward and Community Mental Health Team (AWA)
- Reservoir Court: Inpatient ward and Community Mental Health Team (MHSOP)

The approach undertaken by the CQC is now very different from the previous Healthcare Commission/Standards for Better Health. The visits focused explicitly on discussions with front line staff, service users and observations and in the main deliberately excluded senior managers or reviews of evidence folders.

Outcome from the Visit

An initial draft report was received by the Trust and three pages of issues of factual accuracy were sent back to the CQC in response.

A formal report has now been issued which provides 4 moderate concerns and one major concern as follows:

Care and welfare of people who use services – Moderate Concern

The CQC reported a moderate concern that there was a lack of consistency in care practices across the Trust. These in particular reflected issues of communication between teams, provision of breakfasts and also access arrangements to the Lyndon Clinic and the lack of privacy.

Safeguarding people who use services from abuse – Major Concern

The CQC felt that systems to identify when safeguarding concerns were identified were not sufficiently robust. The Trust approach has always been to encourage local reporting of concerns to the local authority. However, the CQC felt there was a need to ensure that these could be more closely monitored. Concerns were also raised about understanding of DOLS procedures and also perceived differences between incidents/serious incidents/safeguarding incidents.

Staffing - Moderate Concern

The CQC raised concerns made by staff which included staff feeling that they have to spend a long time on paperwork and issues relating to staffing for S117 leave on one ward.

Supporting workers - Moderate Concern

Concerns were raised that the CQC was unable to understand what training was in place for physical health and DOLS (as above). Concerns were also raised over variability of clinical supervision levels between teams.

Notification of death of a person who uses services

The CQC highlighted a number of incidents which had been submitted to the NPSA database (which is the required process for reporting notifications) which had been incorrectly coded. The CQC requested improvements to the systems for checking of details of incidents which are reported.

A response to the CQC was required to be issued within 14 days of the report. This has now been sent with confirmation of actions to be undertaken (attached).

The outcome of the review does not change the Trust registration status - on the basis that actions will be taken to address the concerns identified. It is assumed that follow up visits/inspections will occur as a result and these are likely to be unannounced.

There continues to be a number of points raised in the report which could have been clarified with the CQC if they had undertaken greater triangulation, or in some instances, asked the correct questions. These have been reflected in the action plan as issues already addressed.

A follow up meeting including the Chief Executive has been arranged in May with the assessment team to discuss some of the concerns of the approach of the review and also provide assurance on issues identified.

BOARD DIRECTOR SPONSOR: Dee Roach, Executive Director of Quality Improvement and Patient Experience.

APPENDIX:

CQC report on responsive review

Response to CQC