

BOARD OF DIRECTORS MEETING (Open)

Date: 10 October 2018

Item Ref:

12i

TITLE OF PAPER	Care Quality Commission (CQC) Well-led Inspection Report
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
ACTION REQUIRED	To receive the reports for information and assurance

OUTCOME	Board Members will be informed of the outcome of the July 2018 Care Quality Commission Well-Led Inspection
TIMETABLE FOR DECISION	October 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Reports to the Executive Director Group (EDG) and Quality Assurance Committee (QAC)
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Quality & Safety 1.1 Effective quality assurance and improvement will underpin all we do. A101i Inability to provide high quality care due to failure to meet regulatory standards (registration and compliance).
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<ul style="list-style-type: none"> • Health and Social Care Act 2008 (Regulated Activities) • Care Quality Commission's Fundamental Standards • Care Quality Commission's Enforcement Policy • Mental Health Act 1983
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Failure to comply with CQC Regulatory Standards could affect the Trust's registration, negatively affect care delivery and require additional funding to address.
CONSIDERATION OF LEGAL ISSUES	Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) could leave the Trust at risk of enforcement action by the CQC, with a potential financial and reputational impact.

Author of Report	Julie Walton
Designation	Head of Care Standards and Quality Assurance
Date of Report	5 th October 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS

Subject: Care Quality Commission (CQC) Well-led Inspection Report

Authors: Julie Walton, Head of Care Standards and Quality Assurance

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	

2. Summary

To provide the report from the Care Quality Commission (CQC) Well-led Inspection July 2018, together with the Evidence Table.

The Trust received reports from the CQC for factual accuracy checking on 30th August 2018. The Trust was notified on 2nd October 2018 that the date for publication of the final report would be 5th October 2018.

This was the first Well-led Inspection of the Trust since the CQC changed its inspection methodology. The new methodology places emphasis on leadership across the various levels of responsibility from ward to Board and across services. The new style reporting process comprises of one inspection report, with summaries of the overall findings at Trust and service level with an accompanying Evidence Table. The Evidence Table contains the details of evidence used to inform the findings within the inspection report.

The eight core services inspected were:

- i. Acute Wards of Working Age, Burbage & Stanage Wards and Psychiatric Intensive Care Unit (PICU), Endcliffe Ward.
- ii. Acute Wards for Older Adults with Mental Health Problems.
- iii. Health Based Place of Safety, Maple Ward.
- iv. Long-stay Rehabilitation Wards, Forest Close.
- v. Forensic Services, Low Secure, Forest Lodge.
- vi. Wards for People with Learning Disabilities and Autism, Assessment & Treatment Service, (ATS), Firshill Rise.
- vii. Community Mental Health Team Working Age, including Community Enhancing Recovery Team (CERT).
- viii. Community Mental Health Team, Older People.

The inspection report contains information on where actions are required to address identified breaches of regulation and make improvements.

The Ratings

The Trust was rated 'Requires Improvement' (RI) overall, with Effective, Caring and Responsive as 'Good'. Safe and Well-led were rated as 'Requires Improvement'.

This is a change from the Comprehensive Inspection in November 2016, where the Trust was rated as 'Good' overall with only 'Safe' as 'Requires Improvement'.

- Safe was rated as 'Good' for two services and 'Requires Improvement' for five services. One service was rated as 'Inadequate'.
- Effective was rated as 'Good' for all services inspected.
- Caring was rated as 'Good' for all services inspected, with Community-based mental health services for older people rated as 'Outstanding'.
- Responsive was rated as 'Good' for six services, with Community-based mental health services for older people rated as 'Outstanding'. One service was rated as 'Requires Improvement'.
- Well-led was rated as 'Good' for four services, with Community-based mental health services for older people rated as 'Outstanding'. Three services were rated as 'Requires Improvement'.

There were two services not inspected, these were Community Mental Health Services for people with a Learning Disability or Autism and Substance Misuse. These were rated as 'Good' at the November 2016 inspection and retain their rating.

The Adult Social Care Services were not included in this inspection nor were the Primary Medical Services. They also retain their previous ratings.

Actions to Address

There were four breaches of regulation. These were for:

- i. Regulation 12, Social care and treatment
- ii. Regulation 15, Premises and equipment
- iii. Regulation 17, Good governance
- iv. Regulation 18, Staffing.

This has resulted in:

- Twenty actions the Trust 'Must do', three of which are Trust level
- Forty actions the Trust 'Should do', four of which are Trust level

3 Next Steps

The Trust is required to submit a report to the CQC on how it will address the actions by 30th October 2018. Templates have been distributed to the relevant staff both at Trust level and within services, to ensure that action plans are ratified through the appropriate governance processes, including the Executive Directors Group (EDG) before submission.

4 Required Actions

Board Members are asked to receive the reports for information.

5 Monitoring Arrangements

The action plans will be monitored through the:

- Senior Clinical Operations, Performance and Governance meeting.
- Executive Directors Group (EDG).
- Quality Assurance Committee (QAC).

6 Contact Details

For further information, please contact:

Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

Telephone: 0114 271 6713

Email: liz.lightbown@shsc.nhs.uk

Andrea Wilson, Director of Quality

Telephone: 0114 226 4248

Email: andrea.wilson@shsc.nhs.uk