



**THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1 MARCH 2017**

**LEICESTERSHIRE PARTNERSHIP NHS TRUST**

**CARE QUALITY COMMISSION COMPREHENSIVE INSPECTION 2016**

**Purpose of Report**

1. This paper outlines in summary the Care Quality Commission's key findings from their inspections of Leicestershire Partnership Trust in 2015 and 2016 and the Trust's initial response ahead of the production of a full action plan.

**Background**

2. Following the Care Quality Commission (CQC) comprehensive inspection in March 2015 the CQC subsequently re-inspected the Trust in November 2016 and published their findings across sixteen reports on 8 February 2017.

**Care Quality Commission Inspections**

3. The CQC Comprehensive Inspection commenced on 14<sup>th</sup> November 2016, followed by initial verbal feedback on Friday 18<sup>th</sup> November 2016.
4. Before, during and after the inspection CQC made a number of formal requests for Information:

	2015	2016
Pre-Inspection Request 1	11	14
Pre-Inspection Request 2	17	56
Inspection Enquiries	85	278 (at 30/11/2016)

5. The November 2016 inspection consisted of 86 inspectors across four teams – Community Health Service, End of Life, Mental Health – community and Inpatient. CQC inspectors visited in excess of 79 wards, teams and services, inspecting the same 15 “Core Services” as they did in 2015. During the inspection week CQC facilitated 16 focus groups with staff, asking their opinion on such things as safety, culture, leadership and Trust values, as well as asking them what had changed in the Trust since the 2015 inspection. Inspectors reviewed 267 care records during the inspection, which included over 114 medication cards, spoke with 236 patients and 88 carers and family members, and attended 19 multidisciplinary meetings, nine handover meetings and four community meetings. CQC observed community treatment appointments, home visits and six clinics.

CQC also held 36 formal interviews with clinical leads, heads of clinical and corporate services as well as Directors. In total CQC interviewed more than 499 members of staff. There was significant scrutiny on the Mental Health Act (MHA) with two reviewers based on the Bradgate wards for most of the week, with a whole day spent in the MHA Office reviewing records.

6. At the feedback meeting on Friday 18 November 2016 CQC were very positive about LPT staff, noting the warm welcome received across the Trust. CQC commented that there is evidence of much positive practice across the Trust, and it was clear that much had been done since the 2015 inspection, and there had been a lot of hard work. CQC recognised that all staff across the Trust were very busy and working under a lot of pressure, they noted this from ward staff to administrators and domestic staff, right up to the senior leadership of the Trust.
7. The CQC published 15 Core Service Reports, plus the overall provider-level report on Wednesday February 8<sup>th</sup> 2016 ahead of a Quality Summit, hosted by NHS Improvement and attended by a number of commissioners and stakeholders on February 16<sup>th</sup> 2017. The CQC identified many 'good' areas within LPTs practice and services; LPT is particularly proud of the 'outstanding' rating it has received for the care it provides children, young people and families in the community. Their report highlights the progress and improvements that have been made in many areas across LPT services since the previous inspection in March 2015, including a 'good' rating for the Child and Adolescent Mental Health Service (CAMHS) inpatient ward and an appreciation of the progress that has been made in adult mental health services. However, they have highlighted some areas for improvement, resulting in a '**Requires Improvement**' rating overall.
8. Although disappointing, the CQC overall rating is considered a fair assessment of the improvement journey the Trust is on and LPT remains confident that the Trust is moving in the right direction.
9. The CQC inspected LPT services against five domains: safe, effective, caring, responsive and well led. They rated the Trust as 'good' for caring, and as 'requires improvement' for responsive, effective, well led and safety:

	<i>Safe</i>	<i>Effective</i>	<i>Caring</i>	<i>Responsive</i>	<i>Well-Led</i>	<i>Overall</i>
<i>Community health inpatient services</i>	Yellow	Yellow	Green	Green	Yellow	Yellow
<i>Child and Adolescent Mental Health Wards</i>	Green	Green	Green	Green	Green	Green
<i>Community based services for People with Learning Disabilities or Autism</i>	Green	Green	Green	Yellow	Green	Green
<i>Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units</i>	Yellow	Yellow	Green	Red	Yellow	Yellow
<i>Forensic Inpatient/Secure Wards</i>	Green	Yellow	Green	Green	Green	Green
<i>Community based Mental Health Services for Adults of Working Age</i>	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Community based Mental Health Services for Older People</i>	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
<i>Long stay/Rehabilitation Mental Health wards for working age adults</i>	Yellow	Yellow	Green	Yellow	Yellow	Yellow
<i>Community Health Services for Children, Young People and Families</i>	Green	Green	Blue	Green	Green	Green
<i>Community Health Services for Adults</i>	Green	Green	Green	Yellow	Yellow	Yellow
<i>Wards for People with Learning Disabilities or Autism</i>	Yellow	Yellow	Green	Green	Yellow	Yellow
<i>Mental Health Crisis Services and Health based places of safety</i>	Yellow	Yellow	Green	Yellow	Yellow	Yellow
<i>Specialist Community Mental Health Services for Children and Young people</i>	Red	Yellow	Green	Red	Yellow	Red
<i>Wards for Older People with mental health problems</i>	Green	Yellow	Green	Green	Green	Green
<i>Community End of Life Care</i>	Green	Yellow	Green	Green	Green	Green
<b>LPT – Overall Provider Ratings</b>	Yellow	Yellow	Green	Yellow	Yellow	Yellow

## Highlights

10. The highlights of the CQC report are:

- The Trust has been recognised as ‘good’ in the ‘caring’ domain. The CQC observed that nursing staff act in a caring and respectful manner; that patients were positive about their care and treatment and that they felt safe on the wards.
- The community families, young people and children service has been rated as ‘outstanding’ for ‘caring’ due to the innovative tools for engaging children and families, and the consistently positive feedback.

- CQC noted the Trusts open and honest culture, and its staff engagement and morale. The report highlights a 'maturing safety culture', the 'well-developed audits to monitor the quality of services' and 'effective safeguarding processes'.
  - The report recognises that the Trust has strengthened processes in relation to the Mental Health Act, which was previously identified for improvement.
  - Improved safety at Bradgate mental health unit, at Herschel Prins, and in the end of life care services.
  - Patients, service users and carers were positive about their care and treatment.
11. Ratings have improved since the 2015 inspection to 'good' for some services: children's mental health inpatient ward, end of life care, secure inpatient mental health ward; and we have retained a 'good' rating for our children's community services, older people's wards for mental health, and community learning disability services.
12. While the Trust has made good progress in the eighteen months since the 2015 inspection, there is still more to do. The CQC report has identified a number of areas for further focus:
- Continuing to improve the safety of ward environments
  - Reduce reliance on bank and agency staff to reach the required numbers of staff needed on wards
  - Reduce out of area mental health placements
  - Reduce long waiting times for patients to access their treatment
  - Improve staff understanding of the Mental Capacity Act
  - Improve our mental health Place of Safety
  - Greater involvement of patients in care planning
13. CQC noted that waiting lists from assessment to treatment are too long for the community child and adolescence mental health service resulting in an 'inadequate' rating for responsiveness and safety.
14. The Trust is working with commissioners to identify new ways of working to improve community CAMHS services and will be urgently reviewing with all partners how this can be achieved by holding a CAHMS summit in the near future.
15. The CQC has highlighted several areas of outstanding practice including the mental health street triage scheme in partnership with the police, the new digital app for younger people with early onset dementia, our use of web apps and social media to engage children and young people, our co-design project with patients with learning disabilities to improve our services for them, and the partnership work between our intensive community support service and the local authority's home care assessment enablement team (HART).

### **Conclusion and way forward**

16. This paper provides an overview of the November 2016 CQC inspection. As a trust LPT acknowledges the improvement observed by CQC as well as the challenges highlighted by the inspection. LPT is committed to progress its improvement journey to make its services good / outstanding in all our service areas.

17. A task and finish group is established to internally govern the delivery process of the required improvements and will have a Non-Executive Director as a full member of the group to ensure there is a direct connection with the Trust Board and provide assurance that systems and processes are in place to respond to the CQC inspection.
18. In addition, acknowledging the challenges in the CAMHS service, a summit with all the relevant multi agency partners is being organised to develop and monitor improvement actions for the issues identified within this service.

### **Officers to Contact**

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### **Circulation Under Local Issues Alert Procedure**

19. None

### **List of Appendices**

Appendix A – CQC Report

### **Equality and Human Rights Implications**

20. LPT is committed to ensuring equality and Human Rights are central to the way it delivers healthcare services to its patients and support staff to deliver those services by meeting patient needs. Its aim is to eliminate health inequalities and promote equal access for all.
21. The Trust serves the diverse communities of Leicester, Leicestershire and Rutland and strives to eliminate unlawful discrimination and promote equality of opportunity.
22. LPT's commitment is to promote equality and diversity in the delivery of its services and towards creating a workforce that is representative of the population it serves.
23. As a provider of mental health and learning disability services, LPT is aware of the problems and distress caused by stigma, perception and discrimination. There is a collective duty to tackle and promote more positive attitudes and behaviour.
24. The Trust has an obligation under the Equality Act 2010 to address health inequalities whilst being a fair and equitable employer.

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