

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 12 SEPTEMBER
2013

REPORT OF THE CARE QUALITY COMMISSION

BRADGATE MENTAL HEALTH UNIT

Purpose of the report

1. The purpose of this report is to outline the inspections of the Bradgate Mental Health Unit undertaken by the Care Quality Commission on 4 and 17 July 2013, its subsequent findings and actions taken at the time and since the report has been published to drive compliance and improved outcomes for patients using this service.

Background

2. The Bradgate Mental Health Unit was registered as a location under the provider Leicestershire Partnership NHS Trust (the Trust) in April 2010. It was inspected in Spring 2011 and was found to be non-compliant across a number of outcome areas. This was mirrored at the Evington Centre, another location under this registration. Due to the number and apparent systemic nature of the non-compliance, staff at CQC debated the issuing of a warning notice. However as a result of discussions it was decided to issue a number of compliance actions. On discussion with the Trust it became clear that they would be compliant in the Autumn of 2011. On re-inspection this was found to be the case. The Trust continued to be monitored by local compliance and mental health act teams.
3. In October 2012 the team found non-compliance with supporting staff, clinical governance and record keeping. Compliance actions were set. The CQC went back in to the Trust in February to monitor compliance with these compliance actions. Whilst the Trust had not embedded actions taken following the inspection in October they had taken action and staff and patients reported positive impacts of these actions taken. The governance system was reviewed and found to have been strengthened by recent developments. The CQC inspectors remained concerned about the sustainability of the actions taken by the Trust; hence an inspection for July was scheduled.
4. At the end of November the Trust held a teleconference with CQC in respect of the recently acquired Appleby Report. At this teleconference the Trust outlined its action plans and actions it had already taken in light of early feedback from Sir Louis Appleby. CQC met with the Trust in January to monitor progress with the action plan, which was well underway. In May 2013 the Trust held round table discussions to ensure that all stakeholders were aware of actions taken and review the current state of the Trust. This was seen as positive.

Recent inspection

5. The inspection team undertook an inspection on 4 July 2013. The team reviewed care plans and discharge arrangements which had been a concern previously at the Trust. The identified safeguarding, supporting workers and governance

processes as potential areas of non-compliance given the current information held by the CQC. Inspectors found significant concerns in respect of staff understanding and managing risks. This had been a feature of the Appleby report. A large team visited the unit on 17 July in order that inspectors could visit each ward and review five sets of records to ensure that judgements made were proportional and representative.

6. At this visit the team spoke with patients whose records we had reviewed and with staff on the wards. It was clear that almost all records had the same three care plans in place but other risks were not always identified by staff and reduced through appropriate care planning. This meant that patients who have physical disorders did not have physical health needs risk assessed and care planned for. This included a diabetic, a disability and dependency on drugs or alcohol. It also meant that two people who could not speak English did not have alternate ways of communicating with staff at all times. When staff were challenged about these breaches in compliance, staff failed to see the relevance of these issues. As a result of this non-compliance two warning notices were served in respect of breaches in Regulation 9 (care and Welfare) and Regulation 24 (co-operation with others)

7. Current situation.

8. We met with other key stakeholders at the Quality Surveillance Group on 19 August 2013. We discussed the concerns of the CQC and others. We discussed the impact of having a new management team, including Chief Executive, Director of Nursing, Medical Director and Operating Officer. At this meeting it was agreed that key stakeholders would work together to continue to monitor and ensure that safety of people using the unit.
9. On 29 August the Trust held an extraordinary board meeting which discussed two items: the CQC report and the withdrawal of the Trust from the Foundation Trust process. This was attended by CQC and other stakeholders as well as the general public. In the afternoon stakeholders and the Trust gathered for a risk summit. The outcome of this meeting was that the commissioners and the Trust would review the impact of increasing capacity at the Trust on the community services. Late on 30 August the CCG issued a statement that they were confident in the level of staff available at the unit. A further meeting was due to take place on 2 September in order to review the way in which stakeholders will support the trust.
10. CQC monitored compliance with the warning notices and will update the Committee with its findings. However where the CQC serves warning notices providers are required to be compliant by the date set by CQC. If compliance is not achieved there are a number of other courses CQC can take to enforce compliance. It can issue a simple caution or fixed penalty notice and fine the Trust, impose a condition on their registration or cancel their registration. CQC always has an opportunity to undertake a special investigation approved by the Secretary of State.

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