

Care Quality Commission (CQC) inspection report and Trust response

1. Introduction

1.1 In October 2021 the Care Quality Commission (CQC) carried out an unannounced comprehensive inspection of six of the Trust's mental health and learning disability services as part of its continual checks on the safety and quality of healthcare services:







- Acute wards for adults of working age and psychiatric intensive care units (PICU's) – Antelope House, Elmleigh, Parklands, Melbury Lodge
- Child and adolescent mental health wards – Bluebird House, Leigh House, Austen House
- Forensic secure wards – Ravenswood, Southfield
- Wards for older people with mental health problems – Gosport War Memorial, Parklands, Western
- Wards for people with a learning disability or autism - Ashford
- Mental health crisis services and health-based places of safety – Antelope House, Elmleigh, Parklands

1.2 Following this CQC carried out a Well-led inspection in November 2021, interviewing senior leaders within the organisation including the Chief Executive, Chair, Executive Directors and Non-Executive Directors.

1.3 In late December 2021 the Trust received the draft inspection report and were given ten days to carry out a factual accuracy review. The Trust submitted a response in January 2022 and CQC published the final report on 10 February 2022.

2. Report

2.1 The Trust's overall rating was reduced to 'requires improvement':

Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

2.2 The Safe domain reduced from Good to Requires improvement, Effective domain remained at requires improvement, Caring, Responsive and Well led domains remained at Good.

2.3 The CQC found evidence of progress and good practice. However, the inspectors also highlighted the challenges that teams have faced due to staffing pressures and in delivering services during the pandemic.

2.4 The CQC gave the Trust 23 actions (M1-M23) that it must take to comply with legal obligations, and a further 23 actions (S1-S23) it should take to improve services.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022
Community-based mental health services of adults of working age	Good Oct 2018	Requires Improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Forensic inpatient or secure wards	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↓ Feb 2022
Wards for people with a learning disability or autism	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↓ Feb 2022	Good ↓ Feb 2022	Good ↔ Feb 2022	Good ↓ Feb 2022
Child and adolescent mental health wards	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022
Wards for older people with mental health problems	Inadequate ↓ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022
Community-based mental health services for older people	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Long stay or rehabilitation mental health wards for working age adults	Good Oct 2018	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018
Mental health crisis services and health-based places of safety	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022
Community mental health services for people with a learning disability or autism	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

3.0 Key findings

3.1 Progress & Good Practice

Overall, throughout the report, there were numerous examples of good practice and improvements seen by the CQC inspectors. Below are some key highlights:

- Staff were proud to work for the trust with lots of hope for the future. There was a strong sense of staff at all levels putting patients at the heart of everything they do and being respectful, compassionate, and kind towards patients. Staff were friendly, approachable, supportive, and highly motivated and provided care in a way that promoted patient's dignity.
- People accessing the learning disability ward were receiving safe and effective care. They were treated with dignity; risks were assessed, the environment was safe and they received kind and compassionate care.
- The engagement of younger people and employment of patients with lived experience in the development and planning of services was purposeful and innovative.
- Leadership was stable and capable and demonstrated a high level of awareness of priorities and challenges facing the trust and how these were being addressed.
- Trust was proactively working with other providers to facilitate strategic development of mental health and community health services within the Integrated Care System and actively sought feedback from patients and carers to influence and develop service delivery.
- Learning from serious incidents had been strengthened and the trust had been rewarded accreditation through the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN).
- The trust had developed good crisis pathways and had adapted these during the COVID-19 pandemic to divert people from attending Accident & Emergency (A&E).
- Staff knew about any potential ligature anchor points and there were regular ligature assessments completed on all the wards inspected. Ligature anchor points were removed, and plans put in place for any risks that could not be removed to keep people safe.
- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. This included monitoring the temperature medications were stored at. This was a requirement of the last inspection and trust was now compliant with this.
- Staff delivered care in line with best practice and national guidance. There was evidence in patients records that staff followed latest guidance when planning care for patients.

3.2 Areas for Improvement – Must and Should do actions

The 46 actions the CQC have told the Trust they must or should address have been grouped into 13 themes and reviewed with our teams, service users and carers. Below is a summary of these themes and the actions the Trust will make to ensure we make the required improvements.

Theme	Recommendation	Action	Outcome	Completion Timeframe
Workforce (M1, M10, M13, M22, M23, S1, S3, S6, S7, S9, S13, S21, S22)	<p>To ensure there are enough suitable skilled and experienced staff on every shift to keep patients safe and meet their needs.</p> <p>To ensure staff are listened to when they raise concerns and that morale issues are addressed</p>	<p>Daily Ward leaders with the support of Matrons support decisions to move staff, redirect resources and address skill mix gaps to ensure every shift is safe and that patients' needs are met</p> <p>This includes the movement of supernumerary staff including practice educators, ward leaders, matrons, and staff not on the roster like occupational therapists and psychologists</p> <p>Future shift gaps are escalated through daily staffing huddles to support timely escalations of shifts to additional agencies. Where shifts are not safely filled patient admissions may be stopped or beds temporarily closed.</p> <p>Incident reporting identifies shifts where mitigations have been impossible or where staffing has affected patient care negatively.</p> <p>A robust recruitment and retention programme is in place supporting gaps in nursing especially mental health nursing.</p> <p>Senior leaders are visible on wards daily to enable them to listen to staff and address any concerns.</p> <p>Latest National NHS Staff survey results, show higher than the National average on staff feeling able to raise safety concerns.</p>	<p>Wards are staffed with enough suitability skilled and experienced staff to keep patients safe.</p> <p>Evidence of mitigations taken against safer staffing standards is collected through daily staffing huddles</p>	31/07/2022

<p>Physical health monitoring</p> <p>(M5, M7, M11, M17, M18)</p>	<p>To ensure that National Early Warning Score (NEWS2) observations are completed consistently, and results are escalated appropriately.</p> <p>To ensure that physical health monitoring is carried out for patients on anti-psychotic medication and following administration of rapid tranquilisation.</p>	<p>Physical health reviews undertaken and discussed at handover and in multidisciplinary team meetings.</p> <p>Audit to be undertaken in April 2022 as part of annual audit programme. Continued compliance required for 6 weeks to ensure practice is embedded</p> <p>Physical health checks to be reviewed as part of quality assessment tool ward walkarounds.</p>	<p>All patient observations are accurately recorded via NEWS2 and escalated as prompted</p> <p>All patients are effectively monitored following the administration of rapid tranquilisation to keep them safe.</p>	<p>30/04/2022</p>
<p>Observations</p> <p>(M6, M15)</p>	<p>To ensure that patients are observed in line with the Trust observation policy, and it is recorded correctly</p>	<p>Implementation of a new co-produced policy with ongoing involvement in the national improvement work.</p> <p>Observation requirements are discussed daily as part of the ward safety huddle and by shift leader for each shift.</p> <p>Ward leaders use the Quality assessment tool walk arounds to monitor the compliance with observation Policy and feedback will be collated from carers and service users and teams on progress.</p> <p>Observation competency programme implemented for every staff member overseen by ward Practice Educators and Ward Leaders</p>	<p>All patients are observed in line with their individual plan of care, and this is accurately recorded.</p>	<p>30/04/2022</p>
<p>Admission & discharge pathways</p> <p>(M20, M21, S2)</p>	<p>To ensure there is a clear, effective admission and discharge pathway which demonstrate criteria for admission.</p>	<p>There is a pathway and criteria in place for PICU admissions and length of stay in PICU beds is just above the lower quartile, so access is good.</p> <p>Within older persons mental health services, an assessment is carried out within 48hrs of admission, which includes the patient and their carer, and starts the discharge planning process.</p> <p>Planned QI programme to address concerns raised from ward teams.</p>	<p>Multi-disciplinary team discussions take place in a timely way on admission</p> <p>Staff are empowered to escalate patients for PICU admission following assessment</p> <p>Patients are at the forefront of admission discussions</p>	<p>30/06/2022</p>

<p>Mixed sex breaches</p> <p>(M2)</p>	<p>To ensure there are no mixed sex breaches on the wards and there is access to a female-only lounge</p>	<p>All wards are compliant with same-sex regulations, with exception of Beechwood therapy room. To maintain privacy and dignity therapists ensure male patients are fully dressed and escorted to the room and this is documented in therapy notes.</p> <p>Requests to breach this standard are approved by the Director of Nursing & AHP and reported to Quality & Safety Committee</p>	<p>All patients are cared for in an environment which promotes privacy and dignity.</p> <p>All female patients have access to a female-only lounge.</p>	<p>COMPLETED</p>
<p>Incident reporting</p> <p>(M3, M14)</p>	<p>To ensure that all incidents, including safeguarding incidents are reported in line with Trust policy.</p>	<p>Patient Safety Lead and Safeguarding Lead are supporting staff on reporting incidents and raising Safeguarding concerns. The Safeguarding Lead is based on wards once a week to provide training and support. The Patient Safety Lead provides Ulysses incident reporting training.</p>	<p>All incidents are reported and managed in line with Trust policy</p>	<p>COMPLETED</p>
<p>Risk assessment & care planning</p> <p>(M8, M12, M16, S4, S10, S11, S15)</p>	<p>To ensure patient care plans are consistent, personalised and reflect patient involvement, and that all patients are offered copies of their care plans.</p> <p>To ensure risk assessments are completed correctly, and care plans are updated following all risk events.</p>	<p>Specific incidents discussed at daily safety huddle to ensure that risk assessments have been appropriately recorded</p> <p>Audit of risk assessments and care planning to be carried out in April 2022 as part of annual audit programme. Continued compliance required for 6 weeks to ensure practice is embedded</p> <p>Patients are asked whether they feel involved in their care planning as part of the Service User-Led Audits.</p> <p>Use of Quality Assessment tool to complete weekly oversight by Ward Leader</p>	<p>All patients have holistic and personalised care plans which reflect their involvement.</p> <p>All patients are offered a copy of their care plan</p> <p>All patients have their risk reassessed following their needs changing and the care plan updated accordingly</p>	<p>30/06/2022</p>
<p>Environment, facilities, and equipment</p>	<p>To ensure the outside space on Beechwood ward is safe for patients</p> <p>To ensure acoustics issues at Austen House are rectified</p>	<p>Immediate remedial works carried out to clear the courtyard and make it safe for patients to use.</p> <p>Sound absorption panels fitted in open communal foyer area which has been successful in improving acoustics</p>	<p>Beechwood garden made safe and patients are using it</p> <p>Acoustics issues at Austen have been minimised</p>	<p>30/04/2022</p>

(M4, S12, S14, S18, S23)	<p>To ensure food provision on forensics wards is reviewed</p> <p>To ensure clean equipment is clearly labelled</p> <p>To ensure ligature risk assessments have completion dates for actions and control measures to mitigate risks</p>	<p>Food discussed regularly with patients as part of community meetings, menus are reviewed with catering team and updated accordingly. Improved portion size and choice of menu for service users.</p> <p>Checks of clean equipment added to daily environmental checklist and included as part of weekly audit schedule</p> <p>Ligature risk assessments have been reviewed with estates to add the specific completion dates.</p>	<p>Food provision is improved based on feedback</p> <p>All clean equipment is appropriately labelled</p> <p>All ligature risk assessment actions have completion dates</p>	
<p>Mental Health Act / Mental Capacity Act</p> <p>(M9, S17)</p>	<p>To ensure those detained under S136 are assessed in a more timely manner by a doctor and approved mental health professional (AMHP)</p> <p>To ensure all capacity assessments are reviewed to ensure they all explain why the patient lacks capacity.</p>	<p>The Trust follows good practice as detailed within the MHA Code of Practice. This is monitored across the county via the pan-Hampshire s136 group.</p> <p>Any s136 breaches are reviewed via the Trust s136 panel and discussed by the Mental Health Legislation Committee. Learning is shared via the Trust and pan-Hampshire s136 groups.</p> <p>Capacity assessment for individual raised during the inspection was reviewed and updated to include why the patient lacked capacity.</p>	<p>All people detained under s136 are assessed in accordance with MHA Code of Practice. There are no delays in assessments being carried out.</p> <p>All mental capacity assessments state why the patient lacks capacity</p>	30/04/2022
<p>Medicines management</p> <p>(M19, S19)</p>	<p>To ensure that staff follow the controlled drug policies.</p> <p>To ensure there is a system in place for monitoring the company contracted to check the emergency medications in grab bags</p>	<p>Weekly controlled drugs stock checks are in place and are monitored by pharmacy team. Any issues are reported as incidents and discussed with ward.</p> <p>Trust resuscitation team will carry out random spot-check audits of emergency grab bags as part of ongoing assurance checks and our findings will be fed in to the quarterly contract meetings</p>	<p>Controlled drugs are effectively managed as per Trust policy</p> <p>There is system in place for monitoring service provided by contractor in managing emergency grab bags</p>	COMPLETED
<p>Shared learning</p> <p>(S5)</p>	<p>To ensure lessons learned are shared with all staff to support improvements in provision of care.</p>	<p>Trust-wide learning from incidents is already shared via the Trust Learning from Events meetings and in learning newsletters</p> <p>Regular meeting for crisis team leads to be set up from April 2022.</p>	<p>All crisis teams share good practice and lessons learned with each other. Good practice is shared</p>	30/04/2022

<p>Activities (S8, S20)</p>	<p>To ensure there are high quality activities and education sessions throughout the week, including at weekends and these are displayed clearly for patients</p>	<p>Ward team, under the supervision of ward leader and matron take responsibility of oversight of the activities programme.</p> <p>Activity coordinators programme scheduled activities, developed with service users and publish on their notice boards. This will be reviewed with patients in April 2022.</p>	<p>All patients have access to programme of co-produced, interesting activities and education sessions</p>	<p>30/04/2022</p>
<p>Restrictive interventions (S16)</p>	<p>To ensure no local restrictions are in place regarding bedroom or cup access.</p>	<p>Daily safety huddle is opportunity to ensure all restrictive interventions are appropriate and proportionate on a shift-by-shift and individual by individual basis</p> <p>Service users are informed on admission about keys for bedrooms. Leaflet has been produced to provide a reminder for patients</p>	<p>Any restrictions put in place for individuals due to a safety risk assessment are reviewed on a shift-by-shift basis</p>	<p>COMPLETED</p>

4.0 Assurance

- 4.1 At the point the Trust submitted its improvement plan to CQC it had already completed:
- 10 of the 23 Must do actions
 - 12 of the 23 Should do actions
- 4.2 All actions when completed will be monitored using the weekly Mental Health ward quality assessment tool and the Trust self-assessment and accreditation process due to be implemented in April 2022. Divisional and Trust Governance processes will report ongoing compliance and improvements.
- 4.3 The improvement plan will be monitored, and assurance of completion gained by the Quality Governance Programme Management Office (PMO) led by the Head of Quality Assurance.
- 4.4 Individual actions will be monitored via divisional quality and safety meetings and evidence of completion submitted to the PMO for review.
- 4.5 All completed actions will be signed off by the Executive Directors responsible and reported to Quality and Safety Committee.

5.0 Conclusion

- 5.1 CQC found evidence of progress and good practice which is encouraging. However, the inspectors also highlighted the challenges that teams have faced due to staffing pressures and in delivering services during the pandemic. As a result, the overall rating for the Trust has changed from 'Good' to 'Requires Improvement'.
- 5.2 CQC praised our staff and heard positive feedback from patients and found strong, supportive leadership actively addressing the challenges. The CQC found that the Trust was learning from the past and continuing to move forwards as an organisation. Inspectors also recognised the innovative way that the Trust has responded to the pandemic.
- 5.3 The Trust is responding to the staffing pressures by continuing to prioritise the engagement, health, and wellbeing of our teams, and carrying out extensive recruitment and retention programmes.
- 5.4 Trust staff have already addressed a number of the issues raised by CQC within the report and have plans in place to deliver the outstanding actions over the next 6 months.
- 5.5 The evidence of actions, learning and improvements from this action plan will be shared at a Trust wide panel with Executive sign off. This will be aligned with ongoing quality and governance work programmes to ensure it is not seen in isolation.